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Understanding Seniors' Independence

Report no. 1: The barriers and suggestions for action

NATIONAL ADVISORY COUNCIL ON AGING

Canada

UNDERSTANDING SENIORS' INDEPENDENCE

REPORT NO. 1:

THE BARRIERS AND SUGGESTIONS FOR ACTION

National Advisory Council on Aging
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An Executive Summary of this report is also available from the Council.

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Pour mieux comprendre l'autonomie des aînés

1er rapport: Les obstacles et les avenues de solutions.

On peut également se procurer le Rapport sommaire de cette étude auprès du Conseil.

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PREFACE

This report presents the results of a study carried out by the National Advisory Council on Aging (NACA) to better understand the barriers to independent living that seniors encounter in the community and the consequences of these barriers. In this study NACA consulted seniors, seniors' organizations and those who work with seniors through a questionnaire and by means of a focus group session.

This report also includes a number of suggestions for action that NACA has formulated and that should help to reduce or remove the barriers that were found to be most problematic.

The specific problems cited in each problem area are those that were found to be barriers by the largest percentage of those consulted. They present the areas to which attention must be directed if the efforts to help seniors to remain in the community are to be effective.

The information and suggestions for action contained in this report are intended to promote a greater awareness of seniors' issues. They should be useful to a number of target audiences, including individual seniors, seniors' associations, service-providers, community leaders, representatives of provincial or federal departments and agencies, all those whose work, study or interests lead them to want to understand "from the inside" what seniors are experiencing in Canadian communities.

NACA expresses its heartfelt thanks to all those individual seniors, seniors' associations and informal and formal service providers and professional associations who answered its questionnaire or who sent in letters to describe their situations or express their opinions. The real value of NACA's study stems from their contributions.

As well, NACA sincerely thanks Leroy Stone and Frank Jones of the Population Studies Division, Statistics Canada for providing invaluable assistance and advice with the design of the project and the manipulation and interpretation of the data collected through the questionnaire.

Thanks are also due to the Council members who served on the Special Projects Committee, which directed this research. These members gave generously of their time and energy in the preparation of this report.

Finally I wish to thank NACA's Executive Director, Susan Fletcher, and the members of NACA's staff who worked so diligently and in an admirable spirit of cooperation to complete this task.

Special mention must be made of Judith Stryckman who was responsible for carrying out this research and for writing this very comprehensive report presenting the views of those who responded to the consultation and the suggestions for action that reflect the fundamental orientation of the National Advisory Council on Aging. Stryckman was the cornerstone of the Barriers to Independent Living project.

Charlotte Matthews, Ph.D.
President
The National Advisory Council on Aging

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1. INTRODUCTION

On February 9, 1988, new federal funding through the Seniors Initiative was established to "provide increased opportunities for seniors to be full members and active participants in their communities" (Government of Canada, 1988).

As part of this program, the National Advisory Council on Aging received additional funding and staff to expand its policy advice and research activities. Given the thrust of the Seniors Initiative in "ensuring that seniors in Canada have a direct voice in government" (Ibid.), NACA initiated a consultation to define the nature and scope of the barriers encountered by seniors in maintaining an independent life style in their communities. "Independent living" or "independent life style" in this context refers to the subjective perception of being able to carry out life's activities within a normal community setting and of having access to choices about these activities. A "barrier" to independent living is a condition or situation that makes living independently difficult or that is perceived to threaten that independence or limit the choices. Thus, in this text, a person who identifies a condition or situation as being a barrier to independent living is not necessarily claiming that he or she is <u>not</u> currently living independently.

To carry out the Barriers to independent Living project, NACA adopted a three-pronged approach. After a literature review on the subject, a national consultation was undertaken concerning the barriers to independent living encountered by seniors in the community as perceived by individual seniors, by seniors' associations and by those who work with or for seniors, whether professionals or non-professionals. Finally, a focus group review was undertaken.

The vehicle for the national consultation was a mail-in questionnaire sent out through the network of individual seniors, seniors' associations, newspapers and other publications as well as the professional associations with which NACA maintains regular contacts. The questionnaire is reproduced in Appendix 1. This questionnaire was distributed as widely as possible throughout the country. Efforts were made to ensure adequate participation from all areas of the country.

This technique does not, of course, allow any presumption of scientific sampling or representativeness according to the commonly accepted standards of sampling. (See Appendix 2 for methodological and technical considerations.)

Special mention must be made here of certain groups of seniors that were assuredly under-represented or for whom no special effort was made to ensure inclusion in this consultation, specifically the very old, i.e., over 85, those with low incomes, the frail or seriously handicapped, those residing in institutional settings, and members of ethnic groups. In addition no attempt was made to analyze the special needs of native seniors or to supply suggestions for action addressing their problems. Considering the importance of giving special consideration to the problems encountered by seniors in these groups, resources should be set aside at a future date to design studies focusing on their situations.

A focus group review was the third part of the Barriers to Independent Living project. Council members invited more than 25 experts in the field of aging from across Canada to join them in a discussion to describe and validate the results of the previous two steps. These individuals were also asked to make suggestions concerning possible initiatives to help lessen or overcome these barriers. (See Appendix 3 for a list of the experts who attended this session.)

A general overview of the main problem areas identified in NACA's study is presented in this report. This is followed by a detailed analysis of the seven main problem areas and descriptions of the more specific problems identified within them. Suggestions for future action to help seniors overcome, reduce or cope with the barriers follow the problem descriptions.

The reader should bear in mind that this document reflects the perceptions of those who chose to respond to NACA's questionnaire. The problems cited should be seen in that light. Research has shown that most Canadian seniors are living in the community and coping with many difficulties that arise in their lives. Others, however, are experiencing problems that need to be addressed.

2. SUMMARY OF RESULTS

Despite seniors' often-repeated preference to stay in their own homes and communities for as long as possible, many encounter barriers or obstacles to maintaining an independent life style. These include problems related to physical or emotional health or health services, community-based support services, family and social supports, attitudes about aging, income, housing, mobility and transportation, communication and information, safety and security, and opportunities for activities of one's own choice.

A review of the pertinent literature indicated that it was in these areas that most problems seem to arise for seniors living in the community.

These problem areas reflect the varied dimensions of seniors' global well-being. Physical and emotional health as well as health services generally encompass "wellness" in the traditional sense, i.e., enabling the individual senior to function adequately and enjoy an adequate quality of life. Opportunities for activities of one's own choice also refer to the individual aspect of well-being, i.e., providing the possibility of carrying out rewarding activities chosen as personally significant.

Community-based support refers to both health and social services. These services, whether formal or informal, can assist the individual senior to remain an integrated member of the community. Attitudes about aging and the social context within which individuals function also have an impact on their autonomy. Family and social supports are often crucial in enabling an older individual to maintain his or her independence.

Housing and income are commonly accepted as basic resources in enabling seniors to maintain an adequate quality of life in the community. Low income has been shown to have an especially permeating effect on almost every other problem identified. Two other areas, those concerning transportation and security, also effect the senior within the community environment. The first refers to the senior's ability to move about or travel and to have access to resources. The second refers to the feeling of insecurity or vulnerability in one's own home or community or the fear that help will not be available in a time of crisis.

Finally the problems related to communication and information refer to the barriers seniors encounter in today's information-based society and the difficulties of knowing how to contact the appropriate people to get information, of finding needed resources, of understanding how the system works, and so on.

The consultation process and the focus-group session narrowed these twelve down to seven potential problem areas that were of primary importance in the current Canadian context: physical health, emotional/mental well-being, transportation and mobility, community-based support services, safety and security, housing, and communication and information.

1. Physical health problems were deemed to be barriers to independent living for the greatest number of seniors. Problems such as pain, vision or hearing loss, arthritis, incontinence, dental problems and difficulty following a physician's prescriptions can seriously limit an older person's capacity to live independently. Many seniors have several health problems concurrently and their cumulative effect often further aggravates their situation.

   Physical problems were cited as a barrier to independent living by 71% of seniors answering for themselves, 82% of those answering for their associations, and 96% of professionals or non-professionals working with seniors.

2. Emotional and mental well-being problems were cited by the second largest number of seniors. They encompass problems that generally affect the ability of the individual to function in a way that promotes subjective well-being, the optimal development and use of cognitive abilities and the achievement of goals. These problems include depression, anxiety, stress, loneliness, grief, fear of increased dependency or death as well as memory loss, confusion and dementia. Dealing with these problems is clearly a very important prerequisite of the independent life style seniors wish to maintain.

   Indeed, emotional or mental well-being was considered to be a barrier to independent living by a majority in each of the three groups NACA consulted: 52% of seniors answering for themselves, 75% of those

answering for their associations, and 96% of professionals and non-professionals working with seniors.

3. Transportation and mobility are essential keys to community living. In addition to representing access to a variety of services, they also ensure that older people can continue to contribute to the community and enhance their own quality of life. Experiencing difficulties getting to necessary services (grocery stores, shops, banks, churches, social and recreation centres), and being afraid to go out because of inadequate snow and ice removal or because sidewalks are absent or poorly maintained can be very serious handicaps to a senior's independence.

   In NACA's consultation, problems related to mobility and transportation were considered to be a barrier to seniors' independent living for 50% of seniors answering for themselves, 72% of seniors answering for other seniors, and 89% of professionals or non-professionals working with seniors.

4. Community-based support services help make it possible for seniors to remain in their own homes or communities, enabling them to age in place. The primary source of support for most seniors is, of course, their families, but various types of community-based support have been developed to provide adequate, appropriate, varied and co-ordinated support services to all those who need them, without having to resort to institutionalization. These include home health care, meals-on-wheels, help with shopping, laundry or housekeeping, and reliable homemakers or handymen to do yard work or snow removal. When such services are lacking or poorly coordinated or when seniors have difficulty getting access to them, their ability to live independently in the community can be seriously hampered.

   The absence or inadequacy of community-based support services was seen as a barrier to independent living by 48% of seniors answering for themselves, 68% of seniors answering for other seniors, and 82% of professionals and non-professionals working with seniors.

5. Safety and security are a source of great concern for some seniors. Living alone or just walking in the street, many feel they are easy targets. This general sense of insecurity is made worse if contacts with friends and family are less frequent, since seniors may wonder what would happen if they needed help at home. Anxiety and generalized fear, even if unfounded, can have a paralysing effect on seniors, seriously handicapping their ability to remain independent.

   In NACA's consultation 44% of seniors answering for themselves, 67% of those answering for other seniors, and 82% of professionals or non-professionals working with seniors indicated that safety and security problems constitute barriers to independent living for seniors.

6. Housing is much more than simple shelter. For seniors, it can be a major factor in their quality of life and in their ability to remain independent. Indeed, good housing and design can make the difference between comfort and inconvenience, between living in an environment that allows for maximum freedom and use of functional abilities and being taxed to one's limits in living with constraints and environmental barriers (NACA, 1987).

   In NACA's consultation, 43% of seniors responding for themselves, 69% of those answering for other seniors, and 82% of professionals and non-professionals working with seniors indicated that housing was a barrier to independent living for seniors.

7. Communication and information are important to seniors just as they are to everyone in today's society. Adjusting to being older is easier, as are most other of life's tasks, with adequate information. Seniors need to know, for example, about safety issues, consumer products, legal matters and financial planning. Many seniors want to keep abreast of current events and trends in the social and political realms. They realize they need to understand how government bureaucracies work and how to find the right people to ask for needed services. Some seniors encounter particular difficulties in their efforts to communicate their needs to others; for example, language or cultural barriers, lack of reading or writing skills, or physical handicaps.

> Among those consulted in NACA's study, 43% of seniors answering for themselves, 72% of those answering for other seniors, and 82% of professionals and non-professionals working with seniors indicated that communication and information constituted barriers to seniors' independent living.

The high percentages shown for those answering for seniors or of persons working with seniors should be interpreted with caution. (See Appendix 2).

3. SUMMARY OF SUGGESTIONS FOR ACTION TO PROMOTE INDEPENDENT LIVING

As a result of its study, NACA has been able to identify several areas for further action if the barriers to independent living identified here are to be reduced or removed. These areas are outlined in this summary. More detailed recommendations are presented at the end of each problem description.

These suggestions pertain to work NACA should do as well as action to be taken by various levels of government, professional groups, associations and individual seniors. This document, however, does not assign any specific responsibility for carrying out these actions.

NACA hopes that individual readers of this report will pick up on the suggestions for action that are found to be pertinent to their work or life situation and implement them as far as possible.

NACA has identified the following areas for action based on the literature review and the responses of the three groups consulted by questionnaire and through the focus group session.

3.1 MAXIMIZING SENIORS' ABILITY TO CHOOSE:

- Seniors should be recognized as an integral part of the community, sharing with others a common stake in the well-being of the members of all age groups in society.

- Seniors and soon-to-be seniors should be encouraged to take an active role in planning for their future needs.

- Frequent consultation should occur with the seniors who make use of formal services, whether in an institutional and community setting, to ensure that their needs are being met adequately.

- Advisory boards and planning councils for service systems should include members who are seniors, in numbers appropriate to the size of the senior population in the community.

- Seniors should be given practical advice about ways of taking an active role in protecting themselves from crime and accidents and participating in the protection of their communities.

- The right of seniors to choose to live "at risk" should be respected if they have been found to be mentally competent by professional standards.

3.2 PROVIDING AN ENABLING ENVIRONMENT:

- So that seniors are able to have access to the resources necessary to remain independent, their personal income levels should not be lower that the low-income cutoff levels established by Statistics Canada.

- A variety of formal and informal community-based support services should be provided in every area of the country to form a continuum of care in accordance with the individual senior's changing needs. These services should be considered as an integral part of the health care system.

- The cost of transportation to community-based services should be included in the total cost of service provision, as required.

- Funding should be provided to senior centres to develop counselling, referral and ombudsman services in areas where they do not already exist.

- Ethnic seniors should be assured equal access to all mainstream support services in a manner that is respectful of their cultural identity.

- The individual senior, concerned family members or friends, or a service provider should be able to request home support services for a senior.

- The need for home support services should be based on the assessment of a multidisciplinary team including at least a nurse, a social worker and, if possible, the family physician.

- Community wellness clinics, emphasizing health promotion and having uniform national standards of service, should be made accessible across Canada and, where necessary, innovative ways of providing this service should be explored, including mobile and walk-in clinics.

- A variety of affordable housing options or residential arrangements that support independent living should be made accessible to seniors.

- Crisis telephone lines and centres should be established to assist seniors and their caregivers in emergency or crisis situations.

- Any municipal bylaws that are impediments to the development of housing alternatives for seniors should be thoroughly evaluated and adjusted as appropriate.

- Access to affordable assistive devices, such as hearing aids, low-vision aids and technological devices favouring independent living should be ensured for seniors and financial assistance should be provided to procure them if necessary.

- Special attention should be given to devising less costly and more flexible transportation schemes to meet the transportation needs of seniors in small towns and rural areas.

- Attempts should be made to improve the conditions for senior pedestrians and drivers, including rapid snow and ice removal, road and sidewalk upkeep, and appropriate types, locations and lighting of traffic control devices and signage.

- Public transit and other transportation authorities should ensure that their services take into account the needs of the senior clientele, including those who are physically or mentally disabled.

- Urban planners should be encouraged to provide pleasant, stimulating and safe walking and shopping environments for all residents.

- The use of adapted transportation should be permitted for social, recreational and other requirements of daily living. Its use should not be limited to health care needs such as medical visits or activities related to community-based services.

3.3 PROVIDING INFORMATION AND PUBLIC EDUCATION:

- A positive image of seniors should be promoted in the media, and the public should be encouraged to recognize the resources, abilities and contributions of all seniors, even those with limited physical or mental capacities.

- Seniors should be informed about the possibilities open to them to initiate activities to improve their own quality of life and that of their peers and to encourage seniors' independence.

- The pros and cons of various housing options to support independent living, including adaptation of present dwellings, should be thoroughly discussed with seniors so that they can make informed choices about their future residential arrangements.

- Information about the services available to seniors should be made accessible to all seniors in a variety of ways, including the use of mass media and toll-free information numbers manned by competent, well-trained people in localities across the country.

- Seniors should be given the information and assistance necessary to make maximum use, where desired, of emerging technologies, from pre-programmed telephones and automatic bank tellers to personal computers.

- Ethnic seniors whose language is neither French nor English should be assisted in a culturally sensitive manner to acquire adequate linguistic fluency in one of the two official languages, to be able to communicate their ideas and needs effectively and make use of the information they receive.

- Where appropriate, information for seniors should be made available in languages other than English or French. In as far as possible the mechanisms of the ethnic communities (newspapers, radio, television) should be used to disseminate this information.

- Ethnic seniors should be helped to understand the basic functioning of Canadian social institutions so that they are able to cope effectively with the challenges of daily living in Canadian society.

- Independent living skills training, including basic culinary and financial management skills, should be offered to seniors who may need them because their spouses or cohabitants have been institutionalized and to the recently widowed to help them cope more effectively with the tasks of daily life.

- Directories of resources for independent living, including safety and security measures, should be developed and made accessible to seniors as well as other interested individuals.

- Seniors, their informal caregivers and health professionals should be made aware of the importance of better communication about health-related matters and should be given practical advice about how to improve this communication.

- Information should be disseminated about the transportation schemes for seniors that have been successful in small urban and rural communities so that they can be duplicated in other similar localities across the country.

- Seniors and concerned family members should be informed about the kinds of accidents and crimes of which seniors are most likely to be victims and how to avoid or deal with them.

3.4 PROMOTING RESEARCH, EVALUATION AND PLANNING:

- The goal in planning and providing services to seniors should be the promotion of seniors' independence.

- A comprehensive, national planning effort should be undertaken so that the future needs of the aging population of Canada can be accurately projected.

- All planning should include monitoring various aspects of population aging through the collection of appropriate statistical information using social and health surveys, targeting research efforts, carrying out thorough analysis and assuring broad public consultation.

- A high level of coordination should be assured between the authorities responsible for housing, social and health services in order to address the global needs of the seniors of today and of the future.

- Multidisciplinary applied research in the field of aging, favouring longitudinal methodology, should be encouraged in a variety of areas including:

  o on-going evaluation of existing formal and informal community-based services provided to seniors to assure their quality and cost-effectiveness;

  o pilot projects to test and evaluate improved service coordination through, for example, the provision of a single-point-of-referral or case management system;

  o research on the cooperation or coordination between formal and informal service providers including family members, friends and meighbours;

  o research on the cost and possible sources of increased funding to expand community-based support services and to assure adequate staffing;

- o on-going evaluation of the access and service-delivery aspects of health and social service systems, with special attention to the needs of seniors in small towns and rural areas;

- o research on the ethical and legal issues related to physical and mental impairments and elder abuse;

- o research to document the various transportation schemes that have been successful in providing transportation services to seniors in small urban and rural communities;

- o evaluation of the options for supported independent living with regard to their cost and the quality of life they offer to seniors.

3.5 ENSURING ADEQUATE TRAINING FOR SERVICE-PROVIDERS:

- National guidelines should be established and funding provided to assure gerontological and geriatric training for those who provide services to seniors, appropriate to the requirements of their professional or volunteer activities.

- Training should be provided to professionals in health and social services to enable them to:

  o facilitate decision making by seniors;

  o work with informal caregivers and service providers as equal partners;

  o avoid an overmedicalization of seniors' problems;

  o respond to the needs of ethnic seniors.

- Adequate training should be provided for those working directly or indirectly with disabled seniors so that they understand these disabilities and are able to adopt attitudes and actions that provide the support needed, while promoting maximum independence.

3.6 ORGANIZING NEEDED SERVICES:

- A national taskforce should be created to evaluate the quality of service and service delivery across the country and to periodically publish reports providing comparisons by province.

- Coordination should be assured between the various levels of formal and informal services to provide a continuum in which the individual is able to move between higher and lower levels of care or service according to identified needs.

- At least one hospital or free-standing clinic in each region should have a number of geriatric assessment and rehabilitation services appropriate to the number of seniors residing in that region, so that necessary services may be offered with minimum delay.

- Care beds should be provided in every community for short-term stays for seniors recuperating from an acute illness, a stroke, a broken hip etc. to avoid any precipitous decision to request admission to an institution.

- A multidisciplinary assessment, followed by an individualized care or service plan and periodic reassessments should be standard procedures in all institutional and community settings to assure that the appropriate orientation and services be given to each senior.

- Every attempt should be made to rehabilitate seniors, even in institutional settings, when they have been evaluated as being able to benefit from such efforts, and to help them reintegrate into the community if possible.

- Adequate, appropriate and affordable institutional care should be provided that is adapted to the needs of the patient with Alzheimer's Disease when home care is no longer possible.

- Where necessary, health and social services should be offered in other languages in addition to English or French. When this is not possible, interpretation services should be provided.

3.7 SUPPORTING THE INFORMAL NETWORK:

- Formal service providers should work with the informal network, including family members, friends and neighbours, as equal partners and support their caregiving efforts with regard to seniors.

- Counselling services and independent living skills training should be provided to the caregivers of seniors suffering from physical or mental disabilities to help them cope more effectively with the activities of daily living.

- Concrete assistance should be offered to caregivers, as required, to ease the burden of caregiving and to help them continue their caregiving efforts.

- Family caregivers should be helped, when necessary, to recognize the abilities of the senior to profit from training for independent living skills.

- Special attention should be given to the caregivers of those suffering from Alzheimer's Disease, to provide counselling on the evolution of the disease, as well as on the adaptations and the financial and legal planning that may become necessary as the disease progresses.

- Counselling should be made available to ethnic seniors and to members of their families, upon arrival in Canada and at a later date as the need arises, to help the whole family unit adapt successfully to life in Canada and plan for their future needs.

- The spouses and cohabitants of those in long-term and terminal care facilities as well as the recently widowed and their families should be targeted to assess their needs and to offer counselling and other services, including peer support and peer counselling programs, as required.

- The contribution of volunteers who provide services to seniors should be acknowledged and, if necessary, these volunteers should be reimbursed for the out-of-pocket expenses involved in their volunteer work.

4. DETAILED DESCRIPTION OF THE SEVEN MAJOR PROBLEM AREAS IDENTIFIED IN NACA'S STUDY

4.1 PHYSICAL HEALTH:

4.1.1 INTRODUCTION

There is no doubt that the risk of physical health problems becomes greater as one grows older. This is a major concern for seniors. Indeed, physical health was the problem deemed to be the greatest barrier to independent living for seniors, according to the literature consulted for this study, the responses to NACA's questionnaire, and the experts participating in the focus group discussion.

More than 85% of Canadians over 65 report having at least one health problem, although only 20% of Canada's senior population is considered to be really frail (HWC, 1981). The older seniors are especially at risk of suffering from several chronic ailments. Over time, the accumulation of these problems, as well as the interaction between them, are increasingly likely to limit seniors' capacities and mobility and thus represent a potentially major barrier to their independence (CMA, 1987).

In NACA's consultation, 71% of seniors answering for themselves cited physical health as a problem, compared to 82% of seniors who answered on behalf of associations and 96% of the professionals consulted.

Among seniors answering for themselves a much higher percentage of older seniors (75-84) cited physical health as a problem than younger seniors (65-74).

4.1.2 NATURE AND SCOPE OF THIS PROBLEM

A number of varied health problems were described during the consultation, including respiratory problems, vision or hearing loss, arthritis or rheumatism, cardiovascular disease, incontinence, foot problems, dental problems, and difficulty following the directions on prescription medication. Four specific physical health issues, however, seem to clearly underlie the importance of physical health as a barrier to independent living. These are sensory loss, musculoskeletal and joint disorders, incontinence and problems resulting from the improper use of medication.

1. Sensory Loss

The impact of health problems on the ability of seniors to remain independent is perhaps most striking in the area of sensory loss, particularly hearing loss and vision impairment.

Sensory loss can have serious repercussions in many areas of independent living, including mental health, community-based support services, housing, transportation, and the ability to access and use information. For this reason, sensory loss often necessitates the intervention of a variety of service-providers.

Sensory loss can also be a source of misunderstanding within families, making appropriate support and counselling extremely important.

a) Hearing Impairment

The self-reported results from the General Social Survey indicated that 32% of men and 21% of women between the ages of 65 and 69 report hearing problems (Statistics Canada, 1986). By age 85, 50% are considered to be "hard of hearing," i.e., have a partial hearing loss that results in difficulty with speech comprehension, although some auditory function remains (OTA, 1986).

Hearing limitations lead inevitably to difficulties in communication and in many activities of daily living.

Hearing problems often develop so gradually that they are not readily recognized as such but are sometimes presumed to be a sign of mental deterioration. The result may be withdrawal from society's mainstream by the affected individual. Lack of communication may result in emotional problems ranging from paranoia to depression or loneliness (OACSC, 1982).

According to the Canadian Hearing Society, the inadequate treatment of mildly hearing-impaired seniors can lead to their unnecessary institutionalization. It is estimated that approximately 30% of nursing home residents have problems of hearing impairment that, if treated, could

be eliminated as barriers to living independently in the community (Canadian Hearing Society, 1985).

Although the forms of hearing impairment most common among seniors cannot be cured with current medical and surgical intervention, many can be treated, after adequate evaluation, by means of assistive devices. The unsatisfied need for assistive devices among people with impaired hearing is reported to be greater than for any other category of disability. In addition, the technology that is widely available does not always meet the needs of seniors. Only 28% of those with hearing disabilities use an assistive device; 13% report that they need such an aid but do not have one, most often because of the cost (Secretary of State, 1986).

Adapted housing and specially designed living environments with technological aids can also play a major role in supporting the autonomy of seniors with hearing impairments.

b) Vision Impairment

According to the Canadian Health and Disability Survey, 21% of disabled people over 65 have some form of vision impairment (Statistics Canada, 1986). The Canada Health Survey reports that 11% of seniors between 65 and 74 and 12% of those 75 and over said they had a vision impairment (HWC, 1983).

Vision impairment refers to any serious visual difficulty caused by a variety of conditions. Problems such as cataracts, glaucoma, macular degeneration and diabetic retinopathy are encountered most frequently among older adults because of the aging process. According to the Canadian National Institute for the Blind more than 60% of visually impaired Canadians are over 65 (CNIB, n.d.)

Most seniors who are seriously visually-impaired suffer from "low vision," defined as any visual impairment for which ordinary glasses or contact lenses cannot bring a person's sight up to a normal sharpness.

Although most seniors' vision impairment is not severe enough for them to be considered legally blind, it often limits their autonomy or ability to live independently, for example, to live safely in their

own homes, drive or take a bus, enjoy recreational activities, read, watch television or perform many daily tasks.

Early diagnosis and appropriate assessment of vision impairment by qualified professionals is extremely important for seniors. In addition to the problems that can be corrected (e.g., many instances of cataracts), other vision-related problems (glaucoma and diabetes) can be controlled, thereby reducing the chances of damage to the eye and loss of vision.

2. Musculoskeletal and Joint Disorders

According to the Canadian Health and Disabilities Survey, 37% of disabilities reported in Canada are in this category (Statistics Canada, 1986). It is estimated that approximately 50% of the population 65 or over, or more than one million Canadians, suffer from problems related to arthritis or rheumatism (MSSS, 1987; Lee et al., 1985).

a) Deficits in Flexibility and Strength

General musculoskeletal and joint disorders can clearly have a major impact on seniors' functional abilities. This impact can be seen in deficits in two main areas, flexibility and strength.

Flexibility, or the ability to move a joint through its normal range of motion, is clearly an important element of many aspects of independent living, including general mobility and the completion of everyday tasks.

Many of these problems have a basis in biological processes such as wear of the joints, in pathologies such as arthritis, in lifestyle factors such as decreased activity levels, or, most often, in a combination of the three.

The large weight-bearing joints such as knee, ankle, hip and shoulder, as well as the feet or the hands are affected by arthritis, often with very far-reaching effects. According to the Canadian Podiatry Association, for example, the arthritic process can be especially destructive for the work tolerance, structure and tissue vitality of the feet. The pain

and mobility limitations that arise from podiatric problems can restrict the senior's independence as well as the general quality of life (Canadian Podiatry Association, 1988).

Hand and finger dexterity can also be seriously diminished by arthritis, thus making many daily tasks such as dressing or meal preparation, and simple health-related activities like brushing, flossing or cleaning a prosthetic device very frustrating (Crawford, 1988).

Early detection is very important in this disease since treatment works best when it is begun early, before the joints are permanently damaged (Arthritis Society, 1986).

Reduction in muscular strength can also seriously limit a senior's independence. Reports of the percentage of maximum strength lost by age 65 vary between 18 and 40%. Studies have indicated, however, that seniors who exercise at an appropriate level, even after long periods of inactivity, can regain strength very efficiently (Frontera, 1988; Lewis, 1984).

b) Osteoporosis and Related Problems

Skeletal problems such as osteoporosis can also be the direct or underlying cause of a loss of independence for many seniors. It is estimated that osteoporosis affects 25% of postmenopausal women in Canada (Murray, 1988). The decrease in skeletal bone mass and consequent mechanical weakness related to osteoporosis results in painful deformities and the fracture of bones and vertebrae following minor trauma. These fractures have disastrous consequences for many seniors.

Hip fractures related to osteoporosis are a particularly serious problem among older seniors resulting in death in 12 to 20% of cases and disability in up to 75% of surviving patients (Ibid.)

Falls, whether because of osteoporosis or other factors, are the most frequent cause of injury in the aged, who may die as a result of injuries that would have been survived by younger victims (Bobb, 1987). Many seniors are justifiably fearful of falls, realizing that they may be the "beginning of a domino-like effect...an end to their precarious independence

and perhaps to their lifestyle" (Craven and Bruno, 1986).

Unfortunately this fear can aggravate the problem, because it may lead to a lack of physical activity on the part of the older person, resulting in an even greater loss of calcium, since regular weight-bearing is essential in maintaining healthy bone density (Walker, 1983).

3. Pain

Pain and general discomfort are frequent consequences of musculoskeletal problems. It has been estimated that chronic pain afflicts one person in ten in North America (CASF, 1987) and 80% of the residents of long-term care institutions (MSSS, 1987).

Referring to another source of pain, the Expert Advisory Committee on the Management of Severe Chronic Pain in Cancer Patients reported that 40% of all persons suffering from cancer suffer pain. This figure reaches 66% among those in advanced stages of the disease. However, 25% of those who die of this disease die without adequate pain relief (Expert Advisory Committee on the Management of Severe Chronic Pain in Cancer Patients, 1984).

In addition to the physical debilitation that often results from acute or chronic pain, the increased consumption of medication, reduced mobility, social isolation and mental stress accompanying unrelenting pain can take a serious toll on the capacity of seniors to remain independent (Harkins, 1988; MSSS, 1987).

4. Incontinence

Incontinence is a common problem among the elderly. It affects 10 to 15% of all seniors in Canada, but women are twice as likely as men to be afflicted. Incontinence often causes seniors many problems that seriously affect their ability to remain independent, including the loss of self-esteem and social isolation due to inadequate sanitary facilities in public places, self-consciousness and embarrassment. Plans for outings may be greatly complicated by the need to assure the accessibility of washrooms (Lewies, 1988). Many seniors attempt to hide their incontinence from spouses and other family members (Taylor and Henderson, 1986).

For a variety of reasons incontinence is inadequately assessed by the medical profession. According to Dr. Neil Resnick, a consultant at Harvard University, "there are millions of people suffering with this devastating, humiliating problem and no one is helping them. It's a subject doctors are not willing to talk about..." (Resnick et al., 1989). Seniors suffering from incontinence often do not receive proper treatment because some doctors erroneously believe that incontinence is a natural consequence of aging (Creighton, 1988; Resnick et al.,1989).

Incontinence has often been cited as a major reason for requesting admission to an institution. It is certainly the source of some of the most unpleasant tasks a formal or informal caregiver must face (Norton, 1987), thereby increasing the burden related to that role. The cost of incontinence pads, which is generally not covered by any insurance plan, can also constitute a major problem for seniors and their families.

5. Improper Use of Medication

Seniors, who represent approximately 10% of the population, consume 67% of all non-prescription drugs and 25% of all prescribed drugs. Research has found that approximately 40% of emergency room visits and 10 to 20% of all hospital admissions of seniors are due to improper use of medication (Kirkland, 1988).

Pharmaceutical products can help seniors maintain independence and a high quality of life. However, if used improperly, medications can have far-reaching negative consequences for seniors' lives. Tranquilizers, painkillers and other depressants can contribute to the senior's confusion, incontinence, falls and lack of stamina. In addition, some hypnotic medications can lead to symptoms of chronic anxiety (Cormier and Trudel, 1986).

Medications are sometimes not taken as prescribed because of forgetfulness or inability to understand the accompanying dosage instructions due to vision, hearing or cognitive impairment. Uninformed seniors may take drugs prescribed for friends or family members whose symptoms appear similar to their own.

Medications may also be prescribed incorrectly by physicians who do not question the senior about the simultaneous use of other drugs or who lack an adequate understanding of "the age-related changes in absorption, distribution, metabolism, and elimination of drugs" (Butler et al., 1987). Because of in-grained expectations on the part of both physicians and patients, the physician may resort too frequently to prescribing a medication without exploring any alternative solutions (Cormier and Trudel, 1986). Although mention is often made of the patient's insistence on receiving a prescription, the fact that 40 to 72% of encounters between physician and patient lead to a prescription being written results more often in decreased rather than increased patient satisfaction (Povar, 1984).

4.1.3 SUGGESTIONS FOR ACTION

1. Most seniors wish to live independently, making decisions for themselves and controlling as many aspects of their lives as they can for as long as possible.

   NACA suggests that:

   - those who plan and who provide services to seniors always have as the goal of their activities the promotion of seniors' independence and emphasize a preventive approach in all their work (e.g., health promotion activities, self-improvement and life style programs);

   - seniors be made aware of their rights with regard to independent living, including those whose impairments may make them more vulnerable to abuse or neglect;

   - research on the ethical and legal issues related to physical disorders be encouraged, including the assessment of competency, the rights and appropriate care of the terminally ill, and equity in the distribution of services and resources in society.

2. Seniors do consult appropriate professionals when confronted with problems in the area of physical health. These consultations should be facilitated as much as possible and should lead to seniors receiving the services they require.

   NACA suggests that:

   - seniors, their informal caregivers and health professionals be sensitized to the importance of better communication about health-related matters and be given practical advice about how to improve this communication so that:

     o seniors describe their health problems as fully as possible to the professional being consulted;

     o seniors provide their physician and pharmacist with complete information about the

medications, both prescription and non-prescription, they are taking;

- o seniors insist that the information they are given and the answers to their questions about their own health be complete and understandable, preferably making use of written as well as verbal communication media;

- o health professionals take the time necessary to listen to seniors and to give them the information and instructions needed for their well-being and that the time required to meet the special needs of seniors be recognized in their payment schedule;

- o those communication techniques and memory aids that have been evaluated and found to be helpful in improving communication between seniors and health professionals be promoted.

- community wellness clinics be made accessible in every part of the country and, where necessary, innovative ways of providing this service be explored, including mobile and walk-in clinics, so that:

  - o a preventive approach can be used to inform seniors about basic good health habits (nutrition, improved social interaction, exercise, etc.);

  - o screening facilities can be provided so that problems related to sensory loss, blood pressure, joint disorders, etc. can be discovered as early as possible and receive professional attention;

  - o health services can be coordinated to encourage seniors to participate actively in any health-related interventions on their behalf.

- national guidelines be established concerning multidisciplinary services for seniors so that:

  - o appropriate training be provided to health professionals, including doctors, nurses, rehabilitation therapists (occupational therapists and physiotherapists) and social

workers, to work effectively as a multidisciplinary team;

o all comprehensive health services for seniors, including global assessment, individualized care plans, and rehabilitation services, be carried out by multidisciplinary teams in a specialized setting such as a geriatric assessment unit.

3. Seniors noted that access to services is often difficult for varied reasons, including infrequent presence or total absence of professionals in small municipalities and rural areas, lack of transportation and poor organization of service-delivery systems. This often results in long delays in getting appointments, long waiting periods in professional offices, and in seniors' being deprived of needed services.

NACA suggests that:

- planning and continuing evaluation of the access and delivery aspects of health and social service systems be carried out;

- frequent consultation occur with senior clients using these services to make sure that their needs are being met adequately;

- advisory boards and planning councils for these service systems include members who are seniors, in numbers appropriate to the size of the senior population in the community;

- pilot projects be promoted to evaluate innovative methods of assuring coordination of service provision, including the one-stop referral and case management systems.

4. The impact of many barriers to independent living caused by physical health problems can be overcome, controlled or minimized by the use of assistive devices and other resources for independent living.

NACA suggests that:

- access to affordable assistive devices, such as hearing aids, low-vision aids, and technological devices favouring independent living be ensured for seniors and, if necessary, financial assistance be provided to procure them. Follow-up services must also be provided to make sure the senior is making proper use of these devices and profiting fully from them;

- directories of resources for independent living be developed, including safety and security measures, so that physically impaired seniors can remain as independent as possible without feeling insecure;

- seniors suffering from incontinence who are not able to regain bladder control be assured access to a variety of services in an appropriate setting such as local, community-based clinics, so that they can remain as independent as possible. These services should include psychological support, counselling about coping skills and information about assistive devices and materials, e.g., incontinence pads and clothing adapted to the senior's level of manual dexterity, so that they can cope effectively with this problem.

5. Some kinds of late-life and lifelong physical disabilities can provoke negative reactions including prejudice (ageism), avoidance and rejection of the individual senior, or misguided paternalism on the part of uninformed and insensitive people in the community.

NACA suggests that:

- the general public, as well as those who work directly or indirectly with seniors, be educated and sensitized with regard to seniors' disabilities so that they recognize the capacities of disabled seniors and adopt attitudes and actions that provide the support they need, while promoting their independence as much as possible;

- the right of seniors to choose to live "at risk" if they have been found to be mentally competent by professional standards be respected, in the interests of maintaining their independence.

6. Seniors who have suffered some sensory loss or other disabling physical problem often rely on the support of family members to help them cope effectively with daily life. Their disabilities can be a source of misunderstanding and potential conflict and may be perceived as a major burden on family members over time.

NACA suggests that:

- counselling services and independent living skills training be provided to seniors and their families to help them cope more effectively with the activities of daily living;

- family caregivers be reminded, when necessary, of the abilities of the senior to profit from training for independent living skills;

- concrete and direct assistance be offered to caregivers including family members, friends or neighbours, as required, to ease the burden of caregiving.

4.2 EMOTIONAL/MENTAL WELL-BEING:

4.2.1 INTRODUCTION

Emotional or mental well-being encompasses much more than the traditional definition of freedom from psychiatric symptoms or the absence of mental disorders. According to a policy paper published by Health and Welfare Canada, mental health is:

> the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well-being, the optimal development and use of mental abilities (cognitive, affective and relational), the achievement of individual and collective goals consistent with justice and the attainment and preservation of conditions of fundamental equality (HWC, Mental Health for Canadians, 1988:7).

The authors of a recent book on health care in Canada consider, in fact, that "health is first of all a state of mind" and that this state of mind "is usually the major determinant of quality of life" (Sutherland and Fulton, 1988). This is clearly a very important prerequisite of the independent lifestyle seniors wish to maintain.

Indeed, emotional or mental well-being was considered a potential barrier to independent living by a majority in each of the three groups NACA consulted: 52% of seniors answering for themselves, 75% of those answering for their associations, and 96% of professionals and non-professionals working with seniors.

Many of the problems traditionally considered to be mental or emotional, such as depression, memory loss, anxiety and fear, are wrongly considered to be an inevitable part of growing old. Most are treatable, and sometimes reversible, health problems.

In fact most mental disorders, with the important exception of dementia, are not believed to be more prevalent among seniors than in the general population (HWC, 1988).

4.2.2 NATURE AND SCOPE OF THIS PROBLEM

Several mental or emotional health problems were described in the responses given to the consultation, including depression, anxiety, stress, loneliness, grief, memory loss, confusion, and fear of increased dependency. However, four specific problems stood out as being major barriers to independent living for those consulted. These were loneliness, anxiety or fear, depression and dementia.

1. Loneliness

Among the emotional difficulties seniors experience as they grow older, loneliness, resulting from the loss of close relatives and friends, is among those dreaded most.

Loneliness, defined as "the unpleasant experience that occurs when a person's network of social relationships is deficient either qualitatively or quantitatively" (Peplau and Perlman, 1982), is reported to be a pervasive element in the lives of approximately 10 to 30% of seniors (France, 1984).

Loneliness is often circumstantial, i.e., is due to a specific situation or experience, often widowhood, that provokes a major change in the senior's life. Those who have been lifelong isolates do not seem to be subject to feelings of loneliness as much as those who have become accustomed to a certain level of interpersonal contact and who are later deprived of it.

The severe loneliness following the death of a spouse can have extremely serious and even fatal consequences on some seniors, especially widowers. Deteriorated mental health, e.g., depression, alcoholism and suicide, especially among men (Lépine, 1982; Miller, 1979; Bock and Webber, 1972) and general physical deterioration among women have been linked to recent-widowhood (Gallagher et al., 1983; Stroebe and Stroebe, 1983).

The independent lifestyle of seniors can be seriously affected by feelings of loneliness. However, loneliness acts less as a cause of loss of independence than as an amplifier of other related problems. Loneliness was found, for example, to be strongly related to fears, expectations and personality characteristics that inhibited the formation of a personal support network after widowhood (Hansson et al., 1986-87).

Seniors reporting high levels of loneliness were also found to show higher levels of psychosomatic illness and fatigue, were more likely to make use of medication as well as to make more frequent visits to physicians and to have generally negative self-assessments of health (Berg et al., 1981).

2. Anxiety, Stress and Fear

Generalized anxiety or fear, marked by high levels of tension and worry sometimes observed among seniors, can have a very negative impact on their ability to function normally in an independent living situation. Although this mental health problem is most prevalent among middle-aged adults (D'Arcy, 1987), among seniors it appears to be related to feelings of being increasingly powerless to affect many aspects of their lives (Pringle, 1986). This is found most acutely among residents of nursing homes or long-term care institutions.

Anxiety-prone individuals may also suffer from acute anxiety attacks, which can seriously undermine the ability to live independently. These attacks may include symptoms such as shortness of breath, cold sweat and an extremely frightening sense of imminent death (Huyck and Hoyer, 1982).

Fear is sometimes seen as a manifestation of anxiety, especially if the severity of the danger is greatly exaggerated. A certain level of fear or legitimate concern is normal. Fear becomes a problem, however, when it paralyses the individual to the point where he is possessed by his fear and can no longer carry out the activities of daily life.

The fear that future deterioration might make them dependent on others for their well-being is common among seniors.

Like depression, anxiety and fear are often aggravating factors in disease processes. For example, stress, which is closely linked to anxiety, has been found to contribute to hypertension and to play a role in arthritis, gastrointestinal disorders, cancer and other disorders of the immune system (Zarit, 1980).

3. Depression

Unfortunately it is often considered "normal" for an older person to become increasingly sad, apathetic or depressed. In fact depression, defined as lowered self-esteem, feelings of emptiness or uselessness or a "down" mood, is considered by some to be the most prevalent mental disorder in late life (Chaisson-Stewart, 1985). Depression is sometimes called "a master of disguise" because it is often masked by other problems (physical disease, confusion, exhaustion) so that the person afflicted by depression does not get the help he or she needs (HWC, Mental Health for Canadians, 1988; Hawranik and Kondratuk, 1986).

In addition, depression often exacerbates other problems. The depressed person, for example, tends to neglect his or her health, sleep less regularly, eat poorly, exercise less, and generally to have less energy. Seniors suffering from depression have been found to make fewer attempts to cope and to cope less effectively with problems of daily life (Vézina and Bourque, 1984).

Many depressed seniors or concerned family members request admission to a nursing home because they appear to be mentally incapable of taking any action to improve their situation and so become increasingly dependent. Admission to a nursing home often aggravates the problem, however, since it limits the senior's contact with the outside world, deepening the depression and accelerating mental and physical decline (Chaisson-Stewart, 1985).

It is very difficult to arrive at an accurate approximation of the incidence of depression in the general population; it has been estimated at between 20 and 50%. The suicide rate is considered by some to be a good indicator of the presence of depression in a population, since the two are so often related. Approximately 90% of the suicides committed by seniors in Canada, representing about 10% of the total number of suicides in Canada, were found to be related to clinical depression (Sakinofsky, 1976; HWC, 1987). The consultation carried out by NACA presented a similar picture.

4. Dementia

The term dementia refers to varying levels of cognitive impairment. It is very important that this mental problem be assessed accurately, since some forms of

dementia are potentially reversible, especially when they are caused by drug toxicity, sensory deprivation, metabolic or endocrine disorders, nutritional deficiency or infections. Unfortunately this is not always done and seniors, especially in institutional facilities, are erroneously labeled as irreversibly "confused" or "demented."

One of the most devastating forms of dementia is undoubtedly Alzheimer's Disease (AD) which accounts for approximately 60% of dementia cases (Mayo Clinic, 1988). While surveys found this affliction to be present at some stage in more than 40% of the residents of nursing homes, approximately 10% of seniors living in the community also suffer from some degree of AD (Brody et al., 1984). It is reportedly present in 2 - 5% of the over-65 population, but this proportion rises to 22% in the over-80 age group (Clayton, 1985; Brody et al., 1984). Because of the rapid increase expected in the size of this age group in the next few decades, AD will likely become a major issue in the delivery of health and social services.

Symptoms of AD include decreased memory of recent events and difficulty with spatial orientation and/or language, progressing over at least six months and causing impaired ability to cope with daily living (Gauthier and Gauthier, 1987). Individuals with symptoms of dementia often also manifest a variety of other related disturbances, including depression, extreme sleep and appetite alterations, delusions and disruptive or combative behaviour (Lucas et al.,1986). They gradually lose their cognitive functions until they become completely dependent on others for every aspect of their well-being.

As devastating as it may be for the person afflicted, AD is sometimes considered even more stressful for the caregiver. In fact, the majority of persons in the early stages of AD live at home and receive care from an elderly spouse, which requires almost constant involvement and responsibility because of the nature of the disease (Wigdor and Foot, 1988; Ory et al., 1985). The tasks involved in caring for a loved one afflicted with AD can take a major toll on the senior caregiver's health and quality of life, and ultimately on his or her ability to live independently (Reidy and Francoeur, 1988). The task of caring for an AD patient has been compared to a "36-hour day" (Mace and Rabins, 1981).

4.2.3 SUGGESTIONS FOR ACTION

1. The loneliness and sense of emptiness that can be so disabling to some seniors results most often from the recent death of a loved one.

   NACA suggests that:

   - the spouses and cohabitants of those in long-term and terminal care facilities and the recently widowed be targeted to assess their needs and to offer specific services, as required, including general counselling and information and referral to appropriate institutional and community-based resources;

   - the development of peer support and self-help groups, which have been shown to be particularly effective in helping widowed seniors adapt to loss, be supported, as required;

   - educational programs emphasizing independent living skills training, including, for example, basic culinary and financial management skills, be offered to seniors whose spouses or cohabitants have been institutionalized and to the recently widowed to help them cope more effectively with the tasks of daily life.

2. Many seniors suffer from generalized anxiety or fear, making it very difficult for them to cope with the challenges of daily living.

   NACA suggests that:

   - community-based health services offer counselling and sessions on exercise and relaxation training, which have proved very effective interventions for those experiencing pathological degrees of anxiety and fear.

3. Seniors do not want to be a burden on their family members, neighbours or friends. They often fear that services may be not available to meet their needs if

their physical or mental health deteriorates in the future.

NACA suggests that:

- planning efforts be undertaken to provide accurate projections of the future needs of the aging population in areas such as housing, health needs and community-based support. These efforts monitor changes through the collection of appropriate statistical information, targeted research, evaluation and analysis as well as public consultation, especially of the senior population. The population should be informed of this planning effort so that those who are seniors today, as well as those who will be seniors in the future, are aware of the issues and are collectively committed to meeting forthcoming challenges facing our society.

4. Seniors often express the desire to have as much control and responsibility as possible over their own lives, both now and in the future. The urgency of supporting this desire is confirmed by the disastrous effects of the sense of powerlessness on the individual's mental health.

NACA suggests that:

- seniors and soon-to-be seniors be encouraged to plan for their future and that pertinent information and counselling be provided to help them do so effectively by recognizing the options open to them and the choices they will need to make;

- a recognition of the past, present and future role of seniors as resources in their communities be promoted, emphasizing the experience they have acquired and their continuing capacity to contribute their knowledge and skills for their own well-being and that of others;

- seniors be informed about the possibilities open to them to improve their quality of life.

5. Given the trend toward deinstitutionalization, growing numbers of seniors with emotional or mental health problems will be treated through therapy or with appropriate medication so that they can continue living in the community either independently or in sheltered housing.

NACA suggests that:

- an informational program be sponsored to educate and sensitize the public with regard to the mental health problems that afflict seniors most often and to encourage them to be tolerant of a range of behaviour. Efforts should also be made to explain to the public the kinds of solutions, in particular the residential arrangements, that are being used to maximize the independence of seniors with mental health problems.

- the right of a senior to choose to live "at risk" be respected, even in the case of mental or emotional health problems, provided that these problems are considered to be controlled and the senior is shown not to be likely to harm any one.

6. Barring an unforeseen breakthrough in research, Alzheimer's Disease will likely continue to be one of the major health problems of Canadian seniors.

NACA suggests that:

- efforts continue to be made to foresee the evolution of AD in Canada and to plan for future service needs related to this disease, especially as concerns respite and support for caregivers;

- research into the ethical and legal issues surrounding AD and other cognitive impairments be encouraged, including the assessment of mental incompetency, rights and appropriate care of the terminally ill, and equity in the distribution of resources in society. This research should lead to the establishment of national guidelines in dealing with these issues;

- counselling and support be offered to caregivers of AD patients individually or within mutual aid groups concerning the evolution of the disease,the

adaptations that may become necessary, and the legal and financial planning that may be necessary to cope with the problems of future deterioration;

- adequate and affordable institutional care adapted to the needs of the AD patient be provided when home care is no longer possible.

7. Because it is at present almost impossible to diagnose AD before an autopsy, the term is sometimes used too loosely to describe a variety of other problems that may be potentially reversible or at least less anxiety-provoking than AD.

NACA suggests that:

- the term "Alzheimer's Disease" be used to describe a senior's health problem only after the most thorough and rigorous evaluation possible.

4.3 TRANSPORTATION AND MOBILITY:

4.3.1 INTRODUCTION

According to a recent NACA publication, "for many older Canadians, transportation and mobility are keys to community living" (MacDonald, 1989:ix).

> Transportation means access to health, recreation and social services. It also ensures that older people can continue to contribute to the community and enhance their own quality of life (NACA, Expression, 1985:1-2).

Having difficulty getting to necessary services, including grocery stores, shops, banks, churches, social and recreation centres, or being afraid to go out because of inadequate snow and ice removal in the winter or because sidewalks are absent or poorly maintained, can potentially be very serious handicaps to the senior's independence.

Indeed, in NACA's consultation, problems concerning mobility and transportation were considered to be a barrier to seniors' independent living for 50% of seniors answering for themselves, 72% of seniors answering for other seniors, and 89% of professionals or non-professionals working with seniors.

4.3.2 NATURE AND SCOPE OF THIS PROBLEM

Several specific problems related to transportation were described in the responses given in NACA's consultation, including the general lack of transportation resources, the special problems of rural and handicapped seniors, age-related driving restrictions, the high cost of transportation, transportation services that are not adapted to seniors' needs, and hazardous conditions creating a fear of going out. However, four specific problems stood out as being major barriers to independent living for those consulted. These are the general lack of transportation, hazardous conditions creating a fear of going out, and the special problems of handicapped seniors and of seniors living in rural areas.

1. General Lack of Transportation

In developing policy and planning services to provide adequate public transportation services and to regulate the use of private transportation, one must consider the many barriers that may limit use by seniors.

a) Private Transportation

The private car is still the preferred mode of transportation for most seniors. According to a 1982 Canadian study, 48% of seniors reported that they drove themselves for shopping, medical and other appointments and social events, compared to 32% who used public transit and 16% who "got a lift" (NACA, 1986).

For the driver, having a licence has an enormous impact on the ability to remain independent, procuring the senior a sense of freedom and control that reportedly has a very positive impact on both perceived and actual well-being (MacDonald, 1989). The loss of a driver's licence can be tantamount to total confinement in as far as it forces the senior to make major changes in their lifestyle (Weiner, 1973).

However, rising accident statistics for those driving over the age of 60 are a cause of concern to many (MacDonald, 1989). Some are questioning the senior's right to continue driving beyond a certain age unless they are tested for adequate functional ability. The right to drive should be based on ability and not on age.

Accident statistics, when based on annual mileage, indicate that, as people reach their sixties and beyond, they are more likely to be involved in a collision and to suffer serious or fatal injuries as a result (Ibid.)

An older-driver refresher course, 55 ALIVE, was established by the Canada Safety Council to help seniors sharpen their driving skills. Since many of those who learned to drive before 1950 did not have any formal driver's training, it is expected that this course will help reduce accidents and allow more seniors to keep a driver's licence longer.

The cost of operating a vehicle, especially the cost of car insurance, is a major concern for many older

drivers and could surely force many to give up their licence before they need to. According to a survey carried out by the Alberta Council on Aging in 1980, automobile insurance was at the top of the list of consumer concerns among rural seniors and was a major concern for 55% of both rural and urban seniors surveyed.

b) Public Transportation

The needs of seniors who can use regular public transportation, but who require minor accommodations to do so do not always receive adequate attention (Chappell et al., 1986). These accommodations would actually improve the quality of life of transit riders of any age. A 1988 study by Transport Canada found that for persons who have difficulty in using public transport, the principal difficulties were boarding or disembarking from a vehicle (73%) and getting to the bus stop (51%) (Geehan et al., 1988).

2. Hazardous Conditions

Referring to senior pedestrians, C. Matthews noted:

> ...no one can deny that it sometimes takes energy and a bit of courage to go outside when the streets are icy.
>
> If older persons venture outside without proper footwear, they are risking a fall. If eyesight is failing, if the gait is not steady, if arthritis is a problem, or if they suffer from the glare of the sun, the risk of falling is increased. Icy patches, of course, are an added hazard. Older persons associate falling with long periods of immobility; their fears of falling are justified (Matthews, 1988:25).

Although the issue of efficient and rapid snow and ice removal is seen by many as critical, those in charge of municipal public works often refer to the prohibitive cost of doing any more than is already being done (Paszek, 1988). Some community groups have been lobbying for better clearing of ice and snow, particularly in neighbourhoods with many older residents (MacDonald, 1989).

Another important issue for older pedestrians in winter is the longer time it may take them to negotiate the

slush and snow piles at intersections. The crossing time allotted is often inadequate for seniors under winter conditions (Matthews, 1988).

Many older drivers compensate for poor winter driving conditions by simply not using their cars. In fact, winter weather conditions do not produce automobile accidents as much as one might imagine. More than half of the accidents studied in one Canadian municipality were found to have occurred when the pavement was dry and only 18% when it was icy or snow-covered (Ville de Québec, 1986).

The fact that transit ridership, especially that of seniors, is not as high as it could be in the winter months indicates that more could be done to improve accessibility (Hubbell, 1988).

Decreased vehicular operating speeds and disruption of scheduled services are, unfortunately, common occurrences under extreme weather conditions. This, added to the fact that public transit riders often find bus stops piled high with snow, clearly discourages older riders (Matthews, 1988).

3. Special Problems of Handicapped Seniors

In many larger cities, special public transportation services (paratransit and the like) are being organized for those with serious physical disabilities. However, only 59% of the "officially disabled" persons in Canada who are able to leave their homes have access to public transportation (Ibid.) This is a problem for a large number of elderly people since 38.6% of persons with a physical disability are over the age of 65.

Eligibility criteria for some of the special public transportation services are unduly restrictive if they exclude the mentally disabled or restrict their services to health professionals only. It may certainly be equally important for seriously disabled seniors to have access to transportation services for shopping, for their social life, or to pursue recreational activities.

4. Special Problems of Rural Seniors

The significant regional and urban/rural disparities that exist in the availability of public transportation services in Canada are a concern for all age categories.

> Availability is the key in rural and remote parts of Canada, as well as in small towns. The availability of transportation (or more accurately, the lack of it) is a central concern in Saskatchewan, the Maritimes and Newfoundland, where close to half of seniors live outside urban areas where public transit is likely to be available (NACA, 1985:3).

Life satisfaction of older people in rural Saskatchewan, for example, was found to be closely related to having access to a car or some other means of transportation. Between 20 and 25% of the rural seniors questioned reported that, at least weekly, they had difficulty obtaining transportation in order to socialize, shop and conduct other personal business in their own community. At least once a month, 32% had trouble getting to a large town to see a doctor or catch a bus (Grant and Rice, 1983).

4.3.3 SUGGESTIONS FOR ACTION

1. Personal mobility or the ability to use transportation services is perceived by many seniors as essential in maintaining their independence and quality of life. Addressing the transportation needs of seniors, both now and in the future, requires maximum use of transportation resources and co-ordination of the efforts of various transportation agencies.

   NACA suggests that:

   - information be gathered and disseminated both within and between provinces about transportation schemes that have been successful in providing transportation services for seniors in small urban and rural communities;

   - needed assistance be provided to seniors so they can make maximum use of emerging technologies that make information readily available about the location and scheduled arrival time of transit vehicles, thereby minimizing waiting time and exposure to weather extremes;

   - existing transportation systems and equipment be adapted to ensure maximum use by seniors.

2. Poor weather throughout the year, in particular ice and snow conditions in winter, can put serious limitations on seniors' mobility as well as endanger their safety.

   NACA suggests that:

   - attempts be made to improve conditions for senior pedestrians and drivers by assuring rapid and efficient sanding, salting or snow and ice removal on streets and sidewalks, with special attention to bus stops, subway entries and intersections;

   - the importance of adapting the timing of traffic signals to take into account the difficulties seniors may have in crossing intersections, especially in poor weather conditions be taken into consideration;

- "skywalk" (e.g., Calgary) or "tunnel" (e.g., Toronto and Montreal) systems, or any other design for urban development that will provide pleasant and stimulating protected walking and shopping environments for all residents, including seniors, be developed;

- necessary changes be adopted to facilitate the use of public transit by seniors in winter as well as during the rest of the year, including bus stops integrated with heated building entries or, at least, protected from wind; bus stops and subway entries that are cleared of snow and ice and generally well maintained throughout the year; subway entry doors that open more easily and subway car doors that close more slowly; retractable lower steps on buses for easier boarding and disembarking;

- the training of bus drivers and transit operators include adequate reference to the needs and capacities of older people.

3. The transportation problems of seniors living in small urban and rural areas are especially severe.

NACA suggests that:

- research be undertaken to document the various transportation schemes that have been successful in providing transportation services to seniors in small urban and rural communities, including the use of school buses in off hours, seniors' taxis, non-profit corporations, cooperatives and volunteer car pools;

- booklets be developed describing these transportation schemes and distributed to municipal governments and seniors' associations to sensitize them to needs in this area and to give them a variety of concrete and proven solutions.

4. Mentally and physically handicapped seniors have special transportation problems that need to be addressed.

NACA suggests that:

- programs continue to be encouraged and widely publicized to aid in the modification of existing vehicles to improve their accessibility to handicapped seniors;

- transportation services, equipment and terminals be developed and their designs improved to facilitate travel by disabled seniors;

- customized or adapted transit (door-to-door) be available to those seniors unable to use public transit for social, recreational and other requirements of daily living. Their use should not be limited to health care needs such as medical visits or activities related to community-based services.

4.4 COMMUNITY-BASED SUPPORT SERVICES:

4.4.1 INTRODUCTION

Seniors prefer to remain in their own homes or communities as long as it is possible, i.e., to age in place. While aging can create conditions that may make it difficult for some to do so, at least part of the solution seems to lie in a system of mutual interdependence or reliance through the individual's informal network, complemented by more formal community-based support. The primary source of support for seniors everywhere is usually their family and friends. In addition, various forms of community-based support have been developed.

Ideally these services provide a continuum of services in the home setting and in the community in order to improve seniors' health status and level of independence; enable them to participate in community life for as long as possible; prevent premature or prolonged stays in health care institutions (including acute care hospitals); relieve excess stress on family members or other caregivers; and involve volunteers, as appropriate, in the provision of support services (Gregan et al., 1988; HWC, 1982). These services can include access services, personal support services, social support services, health promotion/ lifestyle enhancement services, transportation services, respite/relief services, and professional support services (Ibid.)

The level of community-based support varies widely between provinces, between regions, between urban and rural areas, and even between neighbourhoods in the same municipality. Many problems with regard to these services can constitute barriers to seniors' ability to live independently. These can include not having these services at all or having difficulty accessing them.

4.4.2 NATURE AND SCOPE OF THIS PROBLEM

A number of problems were described in the responses to NACA's consultation. These included general dissatisfaction with the services offered, the poor quality of their organization, a variety of problems related to the people who provide the services, the inadequate number of services, the high cost of services, and the problem of access to these services by ethnic seniors. Three problem areas, however, stood out as most important for seniors: the quantity of services offered,

the accessibility and coordination of services, and problems related to service-providers.

1. Inadequate Quantity of Services

According to a recent NACA publication, although the availability and affordability of community support services varies widely across the country, every province and territory has at least some home care and home nursing services for seniors, and most have a reasonable number of day activity centres and group programs.

> In particular, the western provinces generally have a more complete continuum of services available than do other regions, with Manitoba and Saskatchewan usually recognized as the leaders. There are also significant differences within regions. For example, Prince Edward Island has developed its services for seniors more completely than the other Atlantic provinces have done. In Quebec and Ontario, some areas have more comprehensive community support than others. As well, fairly uniformly across Canada, urban areas have more organized services than rural areas (NACA, Toward a Community Support Policy for Canadians, 1986:16).

Reports from every province in Canada have indicated the lack of adequate community-based support services in their systems.

The recently published Mirosh Report in Alberta, for example, underlined the need for more community programs aimed at keeping seniors living in their homes in that province. It pointed out that Calgary's home care program was serving only 2500 of the estimated 4000 people needing its help (Mirosh, 1988).

Ontario has also called for a shift from institutionalized care in hospitals or nursing homes back to the community.

> A health care delivery system that continues to rely heavily on institutional forms of service delivery will result in health care which is more expensive and which often fails to respond to the needs and preferences of individuals....unless a shift in the emphasis of health care to community-based services is achieved, it is uncertain whether the health care system will have the flexibility and capacity to meet the future needs of the frail elderly, physically and developmentally handicapped and the chronically ill (Ontario Health Review Panel, 1987:37).

A Price Waterhouse/Medicus study financed by the government of Ontario found that more than 50% of the residents of Ontario's nursing homes and homes for the aged could live in the community if adequate support existed for them there (Price Waterhouse/Medicus, 1988).

A brief presented to the Premier of New Brunswick echoed this call for expanded community support services. The brief quoted a study of 300 patients awaiting admission to the extended care unit of the Dr. Everett Chambers Hospital in Fredricton. With appropriate home support, 63% were able to return to their homes.

> This high rate of return to the community is indicative of the choice of the seniors themselves, as well as of the range of services in the community which make a return home a distinct possibility...Only eleven percent of the patients went to nursing homes. Moreover, there is some evidence that these individuals could receive care in a home setting at a greatly reduced cost if more community based programs were available (New Brunswick Gerontology Association, 1987:4-5).

2. Inadequate Accessibility and Co-ordination

Community-based support services must be well organized in the sense that they are accessible and well co-ordinated.

> Accessibility means that people can easily get a service, either by request or referral. This implies that services need to be as near at hand as possible, or that they should or could be delivered at home. It implies that subsidy mechanisms exist to overcome financial barriers when cost is an issue. It also implies that structural barriers can be modified to assure physical access to a service (NACA, Toward a Community Support Policy for Canadians, 1986:13).

Canada must increasingly address the need to make services, both within institutions and in the community, accessible to seniors of the diverse ethnic origins that make up today's multi-cultural society. Service accessibility for the members of these groups, especially for new immigrants to Canada, implies special assistance in getting services and particular attention to culturally sensitive areas, for example, behavioural or

dietary restrictions based on religious beliefs or simply long-standing food preferences.

Co-ordination is the second aspect of service organization that was mentioned as a barrier to independent living for seniors. It refers to the place of community-based services and service-providers in an efficient functional relationship with all the other parts and players in the formal and informal network of services. Seniors or seniors' organizations, in referring to this problem, mentioned gaps in service provision, especially on weekends or during holidays, after a hospitalization or when a large variety of services were required. Those working with seniors referred to a lack of integration of services or services being too narrowly defined.

3. Problems Related to Service-Providers

Problems concerning service-providers that were perceived as barriers to independent living included unreliability, frequent turnover or personnel changes, and lack of training.

Concerns have been expressed in many areas including the inadequate training of service providers and the tendency of others to over-professionalize their services (Matthews and Stryckman, 1988; de Ravinel, 1984; Schwenger, 1982), the chronic under-staffing in some agencies, as well as the absence of "caring" qualities of some service-providers (Dubé and Bélisle, 1988). The frequent changes in the personnel delivering services, whether it is due to rapid turnover or organizational problems, confuse many seniors and prevent their establishing a relationship with the individual who may be providing them with a very personal service. Seeing a new person at the door each time that a service is to be provided tends to undermine the confidence of some seniors.

4.4.3 SUGGESTIONS FOR ACTION

1. Studies indicate that many seniors who are now living in institutional settings could, in fact, be living in the community if the necessary community-based support services were available.

   NACA suggests that:

   - every attempt be made to rehabilitate seniors, even if they are already residing in an institutional setting, when, according to the evaluation of competent professionals, they are able to benefit from such efforts. These seniors should be given the opportunity, if they so desire, to live in the community in sheltered housing or any other housing arrangement that is judged appropriate to encourage the maximum use of their capacities and enable them to live as independently as possible;

   - at least one hospital in each region have a number of geriatric assessment/rehabilitation beds in a specific service unit, proportionate to the number of seniors residing there, so that appropriate services required by their physical or mental condition may be offered with a minimum of delay to all seniors;

   - a multidisciplinary assessment followed by an individualized care plan and periodic reassessments be standard procedures in all institutional settings to assure that the proper orientation and services be given to each senior including a reference to a geriatric assessment/ rehabilitation unit and an eventual return to the community if that is possible;

   - interim or emergency care beds be provided in every community for seniors recuperating from an acute illness, to offer respite to caregivers, or to avoid any precipitous decision to request institutionalization for a senior in case of a crisis. These beds should be provided for seniors suffering from both physical and mental health problems;

   - affordable respite services delivered by competent, bonded individuals should also be available in the home on a 24-hour basis when required.

2. More numerous and better coordinated community-based support services are necessary to help seniors realize their goal of remaining independent in the community as long as possible, with a high quality of life.

   NACA suggests that:

   - a variety of formal and informal community-based support services be provided in every area of the country to form a continuum of care in accordance with the individual senior's changing needs;

   - a cost/efficiency analysis of community-based services should be carried out, including a variety of funding sources and delivery systems;

   - community-based services should be available when required, including weekends and holidays;

   - community-based support services place an increased emphasis on prevention rather than crisis intervention for seniors, including self-determined health promotion activities and life style programs;

   - crisis telephone lines and centres should be established to assist seniors and their caregivers in emergency or crisis situations;

   - research and planning to improve service coordination, in particular, the provision of a single-point-of-referral system be continued, to ensure that community-based services be offered to seniors as the first line, if appropriate;

   - the community-based services provided to seniors be evaluated on an on-going basis to assure their high quality, their cost-effectiveness, their adequate staffing and their respect for the goal of maintaining seniors' independence.

3. An important debate surrounds the need for a physician's referral to have access to some or all of these services. This is the case in five provinces and has reportedly led to an unnecessary "medicalization" of senior's needs and a restriction of the development or funding of non-medical home support.

NACA suggests that:

- the individual senior, concerned family members, friends, neighbours or service providers be able to request home support services for a senior;

- the need for home support services be based on the assessment of a multidisciplinary team including at least a nurse, a social worker, other appropriate professionals and the family physician, when necessary.

4. High-quality community-based services must be delivered by competent, well-trained personnel, both professional and non-professional, either paid or volunteer.

NACA suggests that:

- labour market projections of the future need for service providers for community-based services be carried out;

- educational institutions be encouraged and assisted in providing necessary training and adequate gerontological and geriatric content in the coursework of all professionals and para-professionals in the appropriate disciplines to respond to the changing direction of long-term care;

- non-professionals be offered initial and/or on-the-job training to provide quality services to seniors;

- volunteers be reimbursed for the out-of-pocket expenses involved in their volunteering work in community support services;

- professionals and non-professionals, both paid and volunteer, who are called on to provide community-based support services to multicultural seniors be given adequate training in the cultures of their clientele so that their services are culturally sensitive.

5. Families and informal supports provide the core of support for most seniors living in the community.

   NACA suggests that:

   - programs and policies be developed that recognize and support the informal care network in a spirit of partnership, including concrete support and services to caregivers as necessary.

6. Multicultural seniors sometimes have difficulty receiving the community-based support services that are generally available in Canada in a language they can understand and in a way that is culturally sensitive.

   NACA suggests that:

   - ethnic seniors be well-informed of the support services that are available to all seniors in their community;

   - ethnic seniors be assured equal access to all mainstream support services in a manner that is respectful of their cultural identity;

   - community support services be made available to ethnic seniors with particular emphasis on self-help and health-promoting activities such as exercise, nutrition, etc., taking into account their cultural heritage and customs;

   - ethnic seniors and their families be encouraged to make use of support services that offer counselling by culturally sensitive professionals, to help them overcome problems in adapting to Canadian society, such as cultural expectations that do not correspond to Canadian reality, stereotypes and restrictions about appropriate social roles or activities for seniors, strained relationships within the family, etc.

4.5 SAFETY AND SECURITY:

4.5.1 INTRODUCTION

Living alone or just walking in the street, many seniors feel they are an easy target. This general sense of insecurity is made worse if contacts with friends and family are less frequent, since seniors may wonder what would happen if they needed help at home. Fear can have a paralyzing effect on seniors, especially if they feel powerless to effectively react to it. This may seriously handicap their ability to remain independent.

In NACA's consultation 44% of seniors answering for themselves, 67% of those answering for other seniors, and 82% of professionals or non-professionals working with seniors indicated that safety and security problems constitute barriers to independent living for seniors.

4.5.2 NATURE AND SCOPE OF THIS PROBLEM

Several specific problems were described in the responses given to this consultation, including anxiety and specific fears, the problems of chronically ill seniors and lack of knowledge about safety measures or devices. Two stood out, however, as of primary importance: anxiety and fears and the lack of knowledge about safety measures and devices.

1. Anxiety and Fears

This subject has already been treated in part under emotional or mental well-being. As mentioned there, normal concern or apprehensiveness is to be expected in situations of danger or uncertainty. However, when fear or anxiety become so overwhelming that they seriously reduce or even eliminate the ability to act rationally, they become pathological, and make it difficult for the senior to cope with the perceived danger.

The specific fears seniors cited most often were fears of accidents in the home, of assaults or vandalism, of theft and of fires.

It is true that more people are injured inside than outside the home. Seniors are considered especially vulnerable because, for example, their homes may be in need of repair or because their sensory losses and cognitive deterioration (memory loss, etc.) may create a

dangerous situation. The accident rate among the elderly and among young children is, in fact, much higher than that of the average adult (CMHC, 1973). Falls are the most common cause of fatal injury for older people (CPSC, 1986).

Fear of crime seems to be widespread among seniors, especially fear of assault and theft. The Canadian Urban Victimization Survey reported that although 92% of seniors (over 60) interrogated said they felt safe walking alone during the day in their neighbourhood, only 46% said they felt safe after dark. Statistics, however, do not indicate that seniors are as victimized as they seem to believe. Seniors, like most Canadians, tend to overestimate the amount and the seriousness of crime in Canada as well as the likelihood that they personally will be victimized (Solicitor General Canada, 1984).

> Similarly, the higher fear expressed by elderly people cannot be accounted for by a greater risk of victimization. In fact, respondents under 20 had the highest rates in all categories of personal offenses. As age increases, victimization rates declined rapidly (Ibid.:5).

Fires, on the other hand, are an important cause of accidental death among seniors. An American consumer product safety agency estimates that 70% of all those who die from clothing fires are seniors. Smoking in bed is also a major cause of the fires of which seniors are victims (CPSC, 1986).

Several factors contribute to this problem. Many seniors live in older homes that may not have the safety features of more modern constructions, including easily accessible and adequate supplementary exits, fire-proof insulation, smoke detectors and fire extinguishers. Sometimes seniors' disabilities make it difficult for them to use safety devices even if they do exist.

2. Lack of Knowledge about Safety Measures and Devices

Modern technology has created a myriad of new devices that can make life much more secure for seniors even in cases of serious disabilities. While such systems are frequently mentioned in the press and popular magazines some seniors and service-providers do not feel they know or understand enough about the different safety devices

or measures that exist to use them or to refer them to their clients.

In a recent evaluation of Emergency Response Systems, a survey of seniors' groups across Canada indicated that "few had heard of emergency response systems or could identify even one of the many available systems." (MacLaren Plansearch, 1988:8-2).

In addition to the lack of reliable sources of advice and information about the available security devices and how to use them (NACA, Expression, 1987), it is also quite likely that attitudes and in-grained practices (tendency to rely on human intervention rather than on machines) also generate resistance from service providers, the elderly themselves and their families. Many people prefer the status quo, sticking to 'tried and true' (Institute for Health Care Facilities of the Future, 1988).

4.5.3 SUGGESTIONS FOR ACTION

1. Various types of both low- and high-tech surveillance or crisis response systems have been shown to reduce the fears and feelings of vulnerability of many seniors living alone or in high-risk situations.

   NACA suggests that:

   - research be encouraged, including consultation with individual seniors and seniors' groups, to monitor and evaluate the impact of the various surveillance and crisis response systems that are available in Canada in meeting the security needs of the senior population and to suggest appropriate improvements as necessary;

   - descriptions of various surveillance systems that are intended to meet the needs of Canadian seniors be compiled, including:

     o the low-tech surveillance systems (telephone reassurance neighbourhood watch, postal alert, buddy system) that have been used successfully across Canada to reduce the seniors' sense of vulnerability and to give them practical help;

  - o the high-tech electronic personal monitoring systems that have been approved by regulatory agencies to verify their effectiveness;

  - o the centralized emergency or crisis numbers (911) that exist in many communities across Canada;

- this information be widely disseminated to seniors and seniors' associations, community groups, urban planners and other interested individuals so that they can make enlightened choices and find models of successful programs to emulate.

2. Some seniors are very fearful of fires and other accidents occurring in their homes and of being victims of theft or assault.

   NACA suggests that:

   - a campaign be developed to inform seniors, in a non-alarmist fashion, of the kinds of accidents and crimes of which they are most likely to be victims and how to avoid or deal with them;

   - that seniors be given practical advice on ways of taking an active role in effectively protecting themselves, and participate in the protection of their communities from crime and accidents;

   - that representatives of police and fire protection services be trained to counsel individual seniors and to speak to seniors' groups about fire hazards, accidents and crime and to advise them about concrete steps to protect themselves and participate in the protection of their communities;

   - that families be offered counselling about how they can offset the senior's anxiety about safety.

4.6 HOUSING:

4.6.1 INTRODUCTION

Housing is much more than simple shelter. For seniors, it can be a major factor in their quality of life and in their ability to remain independent. Indeed, good housing and apartment design can make the difference between comfort and inconvenience, between living in an environment that allows for maximum freedom and use of functional abilities and being taxed to one's limits in living with constraints and environmental barriers (NACA, 1987).

In NACA's consultation, 43% of seniors responding for themselves, 69% of those answering for other seniors, and 82% of professionals and non-professionals indicated that housing was a barrier to independent living for seniors.

4.6.2 NATURE AND SCOPE OF THIS PROBLEM

A variety of housing-related problems were described in the responses given to NACA's consultation, including the high cost of housing and home maintenance, the lack of low-cost housing and of innovative choices in residential arrangement, and housing that is not adapted to seniors' needs.

Three problems stood out, however, as being of particular importance. These were existing housing that is not adapted to seniors' needs, the high cost of housing and home maintenance and the lack of innovative choices in residential arrangements.

1. Existing Housing Not Adapted to Seniors' Needs

Older housing and its contents may not be well-suited to seniors' needs as they evolve over time and the cost of adapting the home may be prohibitive. Seniors fear that they may be forced to leave their homes if their health deteriorates beyond a certain point.

> Homes should allow their residents to fully use their space in a safe way, and to maintain some degree of independence. It is frustrating to find emerging architectural barriers as physical abilities diminish....Some of these barriers, however, can be eliminated without having to undertake major home repairs or rehabilitation (Maltais, 1988).

Often rather minor, well-planned adaptations can allow the residential environment to compensate for changing sensory, physical and financial abilities (NACA, 1986). However, despite the research that has been done in this area, even some homes being built today specifically for seniors do not have the design features necessary to meet their changing needs (Hodge, 1987).

2. High Cost of Housing and Home Maintenance

The rising costs of housing in certain well-established areas of the country may make it impossible for seniors to continue living in the neighbourhoods to which they have become accustomed over the years. Property taxes, maintenance costs or changing needs may make it necessary for homeowners to sell their homes but there are very few options for seniors in many areas of the country.

The cost of luxury condominiums or upgraded accommodations that are increasingly occupying the central areas of cities and towns are often beyond the senior's capacity to pay and the more affordable developments in the suburbs are inappropriate for most seniors because they are so far from many services (Metropolitan Toronto District Health Council, 1988).

Acceptable subsidized housing is unfortunately not available in all areas to seniors who need it. Many complain about of the long waiting lists that exist for appropriate housing across the country and that the cut-off level for income-tested housing programs is too low.

The size of older homes can also be a problem for seniors who wish to remain independent, because of the cost of heating, upkeep and taxes. Unfortunately municipal by-laws sometimes severely restrict the subdivision of large homes into apartments, which might be a solution for some.

3. Lack of Innovative Choices in Residential Arrangements

In most of Canada, there is a lack of affordable alternatives between fully independent living and living in institutions. This is due, in large part, to the lack of coordination between health/social services and housing. As seniors age, their environment may need to become increasingly supportive. Home health services

provided in the private dwelling of a single person can go far in helping the individual senior remain independent. Others, whose needs are greater may well choose to move into an apartment building with other seniors or occupy an apartment or a room in a smaller residence with other seniors where there is someone available to help 24 hours a day. Unfortunately those who provide funding for housing have not seen their role as providing services. As a rule, no in-house services are provided to seniors living in publicly-funded residential facilities. Seniors who need such services usually have to reside in a health-care facility or institution.

Solutions such as sheltered or congregate housing, cooperatives, and home-sharing are being attempted in various parts of the country. These usually provide meals and needed social stimulation and compensate for minor, or even major disabilities. Other housing options such as granny flats or garden suites are examples of independent living but with the proximity of family members. These examples of innovative residential arrangements need to be multiplied across the country so that seniors can accept them as viable options (Campbell, 1984). The need for these original solutions to seniors' housing needs is especially severe for those seniors living in rural areas.

4.6.3 SUGGESTIONS FOR ACTION

1. Adapted, affordable and appropriate housing for seniors is a key factor in their ability to remain independent.

   NACA suggests that:

   - the variety of options for adapted housing and supported independent living that are now being attempted in different parts of the country, including retirement villages, cooperative housing, home-sharing, specially designed low-cost housing, group or congregate housing and garden apartments, be monitored with regard to the quality of life they offer to seniors and their cost;

   - the solutions with regard to supported independent living that are found to be satisfactory to seniors and cost-effective be promoted according to national guidelines;

- a national campaign using a variety of mass media be promoted to clearly explain the pros and cons of these various options to seniors so that they can make informed choices about their future residential arrangements;

- a program be developed that would assist homeowners to develop alternative housing solutions for themselves, ensuring that their equity would not be threatened but could be used to help them to purchase an appropriately designed alternative;

- housing planners develop both age-segregated and age-integrated housing according to the varied preferences of the senior clientele;

- any municipal bylaws that are impediments to the development of any of these alternatives be thoroughly evaluated and adjusted as necessary.

2. Many seniors would prefer remaining in the homes they have occupied in the past.

   NACA suggests that:

   - a variety of options be developed and researched to give seniors as much freedom as possible to stay in their homes. These could include, for example, counselling about needed adaptations to their homes in cases of reduced capacities, increased grants to renovate their homes or to subdivide them into smaller apartments as needed, and financial arrangements such as home equity conversion to give seniors more income based on the value of their homes;

   - the pros and cons of these various options be clearly discussed with seniors so that they can make informed choices about their future residential arrangements.

3. Addressing the housing needs of the seniors of today and of the future must include a high level of coordination between ministries responsible for housing, social and health services.

NACA suggests that:

- a broad, national perspective be developed in addressing this issue and that the authorities of the appropriate ministries make a particular effort to work together to find appropriate solutions.

4.7 COMMUNICATION AND INFORMATION:

4.7.1 INTRODUCTION

Adjusting to being older is easier, as are most other of life's tasks, with adequate information. Seniors, as much as any other people in society, want to know about matters that concern them, such as safety issues, consumer products, legal matters and financial planning. Many seniors want to keep abreast of current events and trends in the social and political realms. They need information on how government bureaucracies work and how they can find the right people to ask for needed services.

Some seniors encounter particular difficulties in their efforts to communicate their needs to others; for example, language barriers, lack of reading skills, inappropriate cultural differences or physical handicaps.

Among those consulted in NACA's study, 43% of seniors answering for themselves, 72% of those answering for other seniors, and 82% of professionals and non-professionals indicated that communication and information constituted barriers to seniors' independent living.

4.7.2 NATURE AND SCOPE OF THIS PROBLEM

A large number of very specific problems were mentioned with regard to communication and information as barriers to independent living. These included a lack of understanding about how service organizations work, how to get necessary information and how to assure that one's rights are being respected; problems of accessibility of needed information because of sensory impairment or due to language and cultural barriers; concerns about seniors' abilities to defend themselvesagainst fraud or manipulation and to act as advocates on their own behalf and seniors' timidity about asking for assistance.

Two problems, however, seemed to be priority issues of those responding to NACA's study, namely the lack of information about how to get needed services and information, and communication barriers due to language, culture or physical handicaps.

1. Lack of Knowledge about How to Get Needed Information and Services

Seniors have kept themselves informed and made decisions throughout their lives. The need for information is perhaps even greater in today's society, where large quantities of information are being generated and made available so rapidly. Seniors should be able to make informed decisions as active and integrated members of their society, especially with regard to policies and programs that affect their well-being. This has been recognized as one of the principles adopted at the World Assembly on Aging in 1982 (United Nations, 1982).

The lack of knowledge and background necessary to understanding how bureaucratic systems and new technologies work can be a major impediment in getting needed services and information. The use of jargon or overly technical language only compounds the problem and sometimes discourages seniors, as well as members of other age groups, from even attempting to come to grips with the complexities of such systems (NACA, Seniors and Decision Making, 1985).

2. Communication Barriers Resulting from Language, Culture or Physical Barriers

A lack of proficiency in either French or English may prevent many seniors from having access to the services and information they need to successfully cope with daily life and adapt to their new homeland.

Even for those who have gained an adequate level of fluency, conditions of stress, emotional or physical crisis or general cognitive deterioration may make it impossible for them to express themselves effectively in a language other than their maternal tongue (ACA, n.d.)

Other cultural traits expressed in non-verbal messages such as smiling, or in hesitancy to describe certain intimate problems to a service-provider may be misinterpreted in a Canadian context and lead to needs remaining unmet (Ibid.).

The National Conference on Ethnicity and Aging (1988), identified access to resources and information as most crucial for new immigrants so that they feel welcome as equal members of Canadian society. This is even more important for new immigrant seniors who have often left behind both friends and the security of their traditional

culture and whose sense of self-esteem is that much more fragile.

4.7.3 SUGGESTIONS FOR ACTION

1. Seniors sometimes have difficulty understanding how to get the information and services they need.

   NACA suggests that:

   - a variety of mass media techniques be used to inform seniors about the services that are available to them;

   - special toll-free telephone numbers be established in localities across the country to answer seniors' questions about services that are available to them;

   - the use of computerized information systems, from pre-programmed telephones and automated bank tellers to computers, be explained clearly to interested seniors so that they will be able to profit as fully as possible from these modern technologies.

2. Ethnic seniors, in particular those who have immigrated late in life, can have special problems in communicating their ideas effectively in order to receive the information and services they need.

   NACA suggests that:

   - ethnic seniors whose language is neither French nor English be assisted in a culturally sensitive and effective manner to acquire adequate linguistic fluency in one of the two official languages, to be able to communicate their ideas and needs effectively and grasp the information they receive;

   - information destined for seniors be provided to ethnic seniors in a language other than English or French or through translation, if necessary;

   - ethnic seniors be helped to understand the basic functioning of Canadian social institutions so

that they are able to cope rapidly and effectively with daily living;

- counselling be made available both to ethnic seniors and to members of their families upon arrival in Canada and at a later date, as the need arises, to help seniors adapt successfully to life in their new homeland.

CONCLUSION

Seniors have often expressed their preference to remain in their own homes and to maintain an independent life style as long as possible. Seniors want to be an integral part of the community with the privileges and responsibilities shared by all adult members of society. To this end they are often involved in a reciprocal exchange of services with others. They prefer to be self-reliant and to have as much control as possible over their lives even when they need support or help. Independence is possible for seniors, just as it is for individuals of any age, if they can rely on a network of supportive interpersonal relationships and have access to the resources and services they need. Their independence, like that of all society's members, is, in fact, interdependence.

This document has presented a description and analysis of the barriers to independent living encountered by seniors based on a literature review, a consultation with individual seniors, seniors' associations and professionals or non-professionals working with seniors, as well as a focus group session with experts in the field of aging. Those potential barriers that were identified most frequently as being problematic were, in order of importance, the following:

- physical health, in particular, sensory loss (hearing and vision impairment), musculoskeletal and joint disorders (arthritis and osteoporosis), pain, incontinence and problems related to the improper use of medication;

- emotional or mental well-being, in particular, loneliness, anxiety or fear, depression and dementia;

- transportation and mobility, in particular, the general lack of transportation, hazardous conditions making it difficult to go out, special problems of handicapped seniors and special problems of rural seniors;

- community-based support services, in particular, the inadequate quantity of services, the inadequate organization of services and problems related to service-providers;

- safety and security, in particular, anxiety and fears and lack of knowledge about safety measures and devices;

- housing, in particular, housing that is not adapted to seniors' needs, the high cost of housing and home maintenance and the lack of innovative choices in residential arrangements;

- communication and information, in particular, the lack of information about how to get needed services and information and communication barriers due to language, culture and physical disabilities.

Based on this study NACA formulated suggestions for action to reduce or remove these barriers. These were grouped under the following categories:

- maximizing seniors' ability to choose by encouraging seniors to take an active role in planning for their future and assuring their own security; by encouraging planning councils and service evaluators to see that seniors have appropriate input in their activities; by respecting seniors' rights to live "at risk";

- providing an enabling environment through community-based services, including wellness clinics, that emphasize prevention and provide a continuum of care for seniors; through assessments for home care carried out by multidisciplinary teams; through a variety of housing options that support independent living; through access to affordable assistive devices; through transportation services that meet seniors' needs; and through improved conditions for senior pedestrians, transit users and drivers.

- providing information and public education by promoting a positive image of seniors; by informing seniors about the ways they can initiate activities to improve their quality of life and about services available to them; by making sure they understand the pros and cons of various housing options to support their independent living; by promoting better communication between seniors and health professionals; and by assisting ethnic seniors whose language is neither French nor English to acquire adequate linguistic fluency in one of the two official languages so they can communicate

their ideas and needs and make use of the information they receive.

- promoting research, evaluation and planning, in particular, ensuring that the goal in planning and providing services to seniors is the promotion of seniors' independence; promoting research to provide accurate projections of the future needs of the aging population; promoting multidisciplinary applied research in the field of aging; assuring a high level of coordination between the authorities responsible for housing, social and health services; planning pilot projects to test and evaluate improved service coordination systems.

- ensuring adequate training for service-providers by establishing national guidelines to assure appropriate gerontological and geriatric training for those who provide services to seniors; by providing training to professionals so they are able to work effectively in multidisciplinary teams; by providing special training for those who work directly or indirectly with disabled seniors so that these seniors' remaining capacities are recognized and their independence and decision-making capacities are promoted.

- organizing needed services by assuring that at least one hospital in each region has adequate geriatric assessment and rehabilitation services; by providing short-term care beds in every community to avoid any precipitous decision to request admission into an institution; by promoting periodic multidisciplinary assessment and individualized care plans as standard procedures in all institutional and community settings; by making every effort to rehabilitate seniors to help them reintegrate into the community if possible; by providing adequate and affordable institutional care for those suffering from Alzheimer's Disease when home care is no longer possible.

- supporting the informal network by helping family caregivers to recognize the abilities of the senior to profit from training for independent living skills; by paying the out-of-pocket expenses incurred by volunteers; by providing counselling and independent living skills training to the caregivers of mentally or physically disabled seniors, especially the caregivers of those suffering from Alzheimer's Disease; by offering

informal caregivers concrete assistance; by assessing the needs of the spouses and cohabitants of those in long-term and terminal care facilities as well as the recently widowed and their families, and offering them counselling, peer support and other services as required; by offering counselling to ethnic seniors and their families to help them adapt successfully to life in Canada.

There is clearly great potential for seniors, even those who are disabled or frail, to continue living in the community, if the barriers that have been identified here are dealt with effectively. Without assigning specific responsibility for carrying out any action, NACA expects that interested readers will respond to any suggestions that they find pertinent and implement them in their sphere of activity.

Such an outcome would be a fitting reaction to the impressive collaboration of Canadian seniors and service-providers in identifying the problems facing seniors and promoting the independence that enhances seniors' quality of life.

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Ottawa, Ontario

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Cape Breton, Nova Scotia

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Saskatoon, Saskatchewan

Saskatchewan Seniors Association Inc.
Unity, Saskatchewan

Seniors Assisting Seniors
Calgary, Alberta

Seniors' Bureau
New Westminster, British Columbia

Sister Betty Kennedy Senior Citizens Club
Fort Francis, Ontario

Senior Citizens Council of Ottawa-Carleton
Ottawa, Ontario

Senior Citizens' Central Council of Calgary
Calgary, Alberta

Senior Citizens' Federation of P.E.I.
Charlottetown, Prince Edward Island

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APPENDIX 1: QUESTIONNAIRE USED IN CONSULTATION

INDEPENDENT LIVING: WHAT ARE THE BARRIERS?

Seniors have often made it clear that they want to remain in their own homes and their own communities for as long as possible. However, this is not always easy. As they grow older many seniors encounter obstacles in maintaining their independence.

The National Advisory Council on Aging (NACA) has been asked by the Minister of National Health and Welfare, the Honourable Jake Epp, to identify some of these obstacles, or "barriers" seniors face in living independently and look at ways to reduce or eliminate them.

NACA NEEDS YOUR HELP IN ORDER TO RESPOND TO THIS REQUEST.

We are collecting information by asking SENIORS or PEOPLE WHO WORK FOR OR WITH SENIORS to complete the enclosed questionnaire.

Please remember that we are asking you for your opinions and ideas. This is not a test of your knowledge. There are no right or wrong answers.

Your answers will allow NACA to give the Minister well-considered advice that reflects the concerns of seniors and of those who work with or for seniors.

You will note that the questionnaire is anonymous. You are not asked to identify yourself.

Please take the time to complete this questionnaire today and return it as soon as possible. We will analyze the results this summer and report back to the Minister on the information you have given us by the fall.

Thank you for your support.

QUESTIONNAIRE INSTRUCTIONS

- **If you are a senior** please answer both Part A, (pink pages), and Part B, (yellow pages).
- **If you are not a senior** but work with or for seniors, only answer Part B (yellow pages).
- **If you do not plan to complete this questionnaire, please feel free to pass it along to someone else.**

PLEASE CHECK OFF THE ANSWER THAT APPLIES TO YOU.

I am a senior - answering for myself ☐

- answering for my association ☐

I am not a senior but work for or with seniors ☐

PART A. BACKGROUND INFORMATION

PLEASE CIRCLE THE NUMBER NEXT TO THE ANSWER THAT APPLIES TO YOU

1. Sex:

   1. female
   2. male

2. Year of birth:_____

3. Province:

   1. British Columbia
   2. Alberta
   3. Saskatchewan
   4. Manitoba
   5. Ontario
   6. Québec
   7. New Brunswick
   8. Nova Scotia
   9. Newfoundland
   10. P.E.I.
   11. Northwest Territories
   12. Yukon

4. What is your present marital status?

   1. married
   2. divorced
   3. separated
   4. widowed
   5. never-married

5. Income: (Total individual or family income from all sources before taxes)

   1. less than $10,000
   2. $10,000 - $14,999
   3. $15,000 - $19,999
   4. $20,000 - $24,999
   5. $25,000 - $29,999
   6. $30,000 or more

6. How many people live in your town or city?

   1. 500,000 or more
   2. 100,000 to 499,999
   3. 30,000 to 99,999
   4. 5,000 to 29,999
   5. less than 5,000

7. In what type of residence are you living now?

   1. a single-family house or duplex
   2. an apartment
   3. a boarding or rooming house
   4. an institution (personal care home, nursing home, home for the aged, etc)
   5. other (please specify)

      _____ _____

      _____

8. With whom do you live?

1. alone
2. with spouse only
3. with one or more children
4. with spouse and one or more children
5. other
   (please specify)

   _____

   _____

   _____

9. How would you evaluate your health?

1. good
2. fair
3. poor

PART B. INFORMATION ON BARRIERS

The following section of the questionnaire concerns the barriers to independent living that you encounter as a senior, or that you have observed among seniors.

Under each item we have listed a number of examples of problems that some seniors experience. **These are only examples.** A particular individual's situation might be very different from anything we have mentioned here. We want you to tell us about <u>specific situations</u>, **about what makes living independently difficult for you or for seniors you have observed.**

Under question A of each of the following items, please indicate whether it is or was **a major problem, a minor problem or no problem at all** for you or for those you have observed. PLEASE CIRCLE THE NUMBER NEXT TO THE ANSWER THAT APPLIES TO YOU.

Secondly, under question B, for each item identified as a **major or minor problem**, please describe the specific problem(s).

Finally, under question C, tell us how **you or those you have observed** have managed to overcome or to cope with this (these) specific problem(s).

If you have answered that one item is **no problem at all**, do not answer question B or C. Go on to the next item.

If you find that there is not enough space provided to complete your answers, please add additional sheets of paper.

10. PHYSICAL HEALTH
(For example, pain, vision or hearing loss, arthritis or heart disease, incontinence, dental problems, difficulty following dosage directions, etc.)

A. This is:
1. a major problem
2. a minor problem
3. no problem

B. Describe the specific problem.

_____

_____

_____

C. How have you or seniors you have observed managed to overcome or cope with the problem?

_____

_____

_____

_____

11. EMOTIONAL HEALTH
(For example, depression, anxiety, stress, loneliness, grief, memory loss, confusion, fear of increased dependency, fear of death, etc.)

A. This is:
1. a major problem
2. a minor problem
3. no problem

B. Describe the specific problem.

_____

_____

_____

C. How have you or seniors you have observed managed to overcome or cope with this problem?

_____

_____

_____

_____

12. HEALTH SERVICES
(For example, difficulty getting to see or receiving satisfactory care and services from doctors, other health professionals, hospitals or other institutions, etc.)

A. This is:
1. a major problem
2. a minor problem
3. no problem

B. Describe the specific problem.

_____

_____

_____

C. How have you or seniors you have observed managed to overcome or cope with this problem?

_____

_____

13. COMMUNITY-BASED SUPPORT SERVICES
(Lack of a variety of services to support seniors at home, for example, meals-on-wheels, help with shopping, laundry or housekeeping; help in finding reliable handymen, yardwork or snow-removal services, seniors' centres, etc.)

A. This is:
1. a major problem
2. a minor problem
3. no problem

B. Describe the specific problem.

_____

_____

_____

C. How have you or seniors you have observed managed to overcome or cope with the problem?

_____

_____

_____

14. FAMILY AND SOCIAL SUPPORTS
(For example, lack of opportunities to visit or receive family or friends, fear that one might become a burden on others or that they may not be willing or able to provide help when necessary, etc.)

A. This is:
1. a major problem
2. a minor problem
3. no problem

B. Describe the specific problem.

_____

_____

_____

C. How have you or seniors you observed managed to overcome or cope with the problem?

_____

_____

_____

15. OPPORTUNITIES FOR ACTIVITIES OF ONE'S CHOICE
(For example, not being able to stay in or join the work force, to contribute to society, to continue learning, to travel, to participate in sports, recreation or leisure, etc.)

A. This is:
1. a major problem
2. a minor problem
3. no problem

B. Describe the specific problem.

_____

_____

_____

C. How have you or the seniors you have observed managed to overcome or cope with the problem?

_____

_____

_____

16. ATTITUDES ABOUT AGING
(For example, seeing seniors as children who cannot make their own decisions or as people who are no longer interested in being part of life, seeing growing old as a tragedy to be denied at all costs, etc.)

A. This is:
   1. a major problem
   2. a minor problem
   3. no problem

B. Describe the specific problem.

_____

_____

_____

C. How have you or the seniors you have observed managed to overcome or cope with the problem?

_____

_____

_____

17. COMMUNICATION AND INFORMATION
(For example, not being able to make oneself understood; to express needs and opinions to appropriate persons; not understanding how government services and programs work and how to use them, etc)

A. Is this:

   1. a major problem
   2. a minor problem
   3. no problem

B. Describe the specific problem.

_____

_____

_____

C. How have you or seniors you have observed managed to overcome or cope with the problem?

_____

_____

_____

18. INCOME
(For example, income that is not adequate to meet one's needs; to make one feel secure for the future; to allow one to maintain a sense of dignity, etc.)

A. This is:
   1. a major problem
   2. a minor problem
   3. no problem

B. Describe the specific problem.

_____

_____

_____

C. How have you or seniors you have observed managed to overcome or cope with the problem?

_____

_____

_____

19. HOUSING
(For example, housing that is not affordable; adapted to one's needs, equipped with safety features and well-located with regard to services and community resources, etc.)

A. This is:
   1. a major problem
   2. a minor problem
   3. no problem

B. Describe the specific problem.

_____

_____

_____

C. How have you or seniors you have observed managed to overcome or cope with the problem?

_____

_____

_____

_____

20. TRANSPORTATION AND MOBILITY
(For example, having difficulty getting to necessary services including grocery stores, shops, banks, churches, social and recreation centers; fear of going out because of inadequate snow and ice removal in the winter or because of sidewalks that are absent or poorly maintained, etc.)

A. This is:
   1. a major problem
   2. a minor problem
   3. no problem

B. Describe the specific problem.

_____

_____

_____

C. How have you or seniors you have observed managed to overcome or cope with the problem?

_____

_____

_____

_____

21. SAFETY AND SECURITY
(For example, feeling secure in your own home and community; knowing that help will be available in a time of crisis or long-term disability, etc.)

A. This is:
   1. a major problem
   2. a minor problem
   3. no problem

B. Describe the specific problem.

_____

_____

_____

C. How have you or seniors you have observed managed to overcome or cope with the problem?

_____

_____

_____

_____

22. Do you have any other ideas about how to help seniors avoid, overcome or cope with these problems? Please use the space below or add additional pages to give us this very valuable information.

THANK YOU VERY MUCH FOR YOUR HELP. THE REPORT DESCRIBING THE RESULTS OF THIS CONSULTATION WILL BE ANNOUNCED IN THE FALL ISSUE OF EXPRESSION.

Please return this questionnaire to:

The National Advisory Council on Aging
Room 340 - Brooke Claxton Building
Tunney's Pasture
OTTAWA, Ontario
K1A 0K9

APPENDIX 2: METHODOLOGICAL AND TECHNICAL CONSIDERATIONS

Important discrepancies were noted between the answers given by the three groups consulted: seniors answering for themselves, seniors answering for their associations and non-seniors who work with seniors (see graphics in Appendix 4). Individual seniors were much less likely than either of the other two groups consulted to indicate that they had problems. One explanation that is supported both in the literature and by the discussion in the focus group session held on this project, is that most seniors are not "complainers." Having lived through "hard times" many tend, almost on principle, to minimize any problems they may have in their later years.

Seniors answering for their associations or for other seniors they know, were more likely to report that seniors have more problems than seniors answering for themselves. This may be because their responses represent a distillation of their observations of the shared experiences of seniors.

Those who work with seniors, however, were even more likely to see many more problems as major barriers to independent living. The experiences of these individuals would logically tend to give them a somewhat biased view since, by the nature of their work, they come into contact with seniors who are experiencing problems or who have lost some degree of autonomy.

It is also very important to recognize the many interrelationships that exist between problem areas. This is an indication that these data reflect the interwoven complexity of real-life situations. For example, specific problems of physical health have an impact on mobility and transportation; community-based support is cited in reference to safety and security issues; emotional/mental well-being is often dependent on housing. The five problem areas that were not cited as frequently as the ones highlighted in this text by those consulted - i.e. income, health services, opportunities for activities of one's choice, family and social support and attitudes about aging - come up indirectly in many of the other areas. For example, income is often cited in relation to housing and transportation problems. Health services come up in reference to physical health problems.

As mentionned in the report certain important groups were underrepresented among those who responded to the consultation. These include ethnic seniors, the very old, the frail elderly, and those who are illiterate or visually impaired.

Finally, since the respondents were self-selecting the final sample represents a slightly distorted distribution on some key variables when compared to the general population of Canada. For example, the percentage of men who responded is higher than in the general senior population; NACA's sample has a higher income level and is younger than most seniors; marital status is not representative since more of NACA's sample is married than in the general senior population.

APPENDIX 3: PARTICIPANTS IN THE FOCUS GROUP SESSION

Denise Allard
Université d'Ottawa
Ottawa, Ontario

Margery Boyce
Minister of State of Seniors
Ottawa, Ontario

Satya Brink
Canada Mortgage and Housing Corporation
Ottawa, Ontario

Ross Chapman
National Pensioners and Senior Citizens Federation
Toronto, Ontario

Sylvia Goldblatt and Associates
Ottawa, Ontario

Bert Hanmer
Ottawa-Carleton Council on Aging
Ottawa, Ontario

Signy Hansen
Seniors Secretariat
Ottawa, Ontario

Lt.-Col. Bruce W. Halsey
Salvation Army
Ottawa, Ontario

Frank Jones
Population Studies Division
Statistics Canada
Ottawa, Ontario

Susan LeConte
Glebe Centre
Ottawa, Ontario

Dr. Campbell Lamont
Elizabeth Bruyère Health Centre
Ottawa, Ontario

Daniel Letouzé
Canadian Hospital Association
Ottawa, Ontario

Ivanhoé Lemay
Fédération de l'Age d'Or du Québec
Montreal, Quebec

Johanne Lessard
Corporation des ergothérapeutes du Québec
Montreal, Quebec

Dorothy Ley
Canadian Medical Association
Ottawa, Ontario

Diane Lugsdin
Visiting Homemaker's Association
Ottawa, Ontario

Danielle Maltais
DSC Montreal General Hospital
Montreal, Quebec

Hans Messinger
Economic Council of Canada
Ottawa, Ontario

Denise Michaud
Seniors Secretariat
Ottawa, Ontario

Barbara Naegele
Health Promotion Directorate
Ottawa, Ontario

Steve Petz
Saskatchewan Health
Regina, Saskatchewan

Douglas Rapelje
Regional Municipality
of Niagara
Welland, Ontario

Bernard Richard
New Brunswick Senior
Citizens Federation
Moncton, New Brunswick

Aleksandrs Sprudzs
Nepean, Ontario

Lorette Sutton
VON Canada
Toronto, Ontario

Ivy St-Lawrence
Ontario Advisory
Council on Senior
Citizens

Daniel Tétreault
Federation of Canadian
Municipalities
Ottawa, Ontario

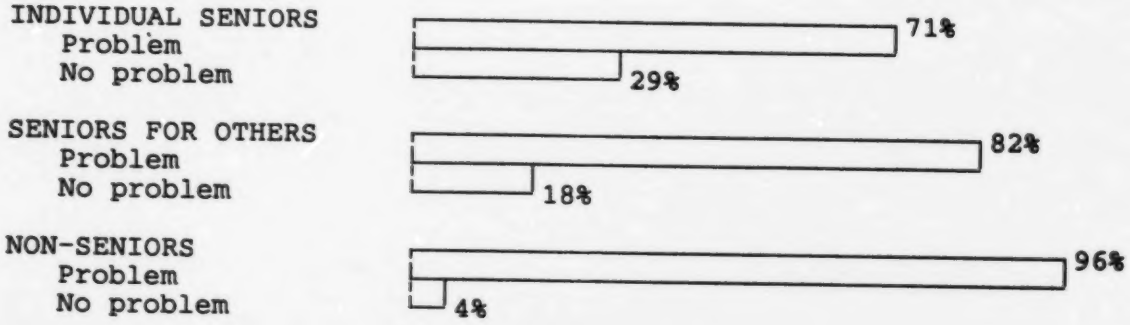
Marian Walsh
St. John's Home Care
Program
St. John's, Newfoundland

Jean Woodsworth
Pensioners Concerned
Toronto, Ontario

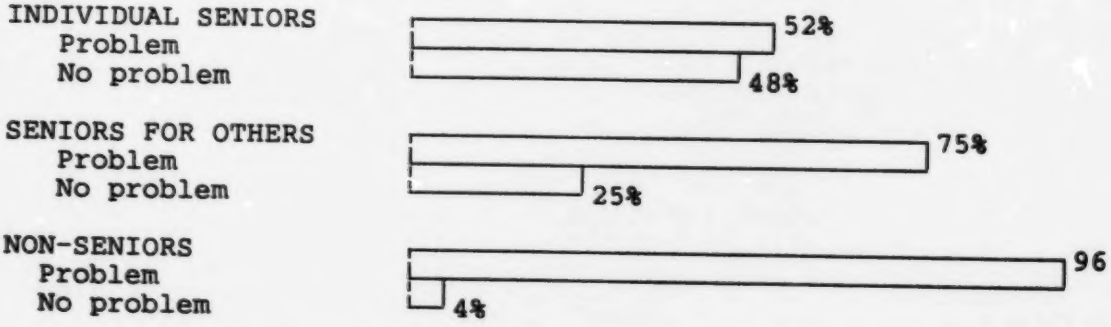
APPENDIX 4: GRAPHICS COMPARING PROBLEMS CITED BY THE THREE CATEGORIES OF PEOPLE RESPONDING TO THE CONSULTATION

THESE GRAPHICS PRESENT THE PERCENTAGES OF PEOPLE IN EACH ONE OF THE THREE CATEGORIES WHO INDICATED THAT THEY ENCOUNTERED A PROBLEM IN THE AREA CITED. A TOTAL OF 3600 QUESTIONNAIRES WERE RETURNED, INCLUDING 2281 SENIORS ANSWERING FOR THEMSELVES (CALLED 'INDIVIDUAL SENIORS' IN THE GRAPHICS), 464 SENIORS ANSWERING FOR THEIR ASSOCIATIONS OR OTHER SENIORS (CALLED 'SENIORS FOR OTHERS' IN THE GRAPHICS) AND 855 PROFESSIONALS OR NON-PROFESSIONALS WHO WORK WITH SENIORS (CALLED 'NON-SENIORS' IN THE GRAPHICS). THESE NUMBERS FORM THE BASIS FOR EACH OF THE PERCENTAGES IN THE TABLE.

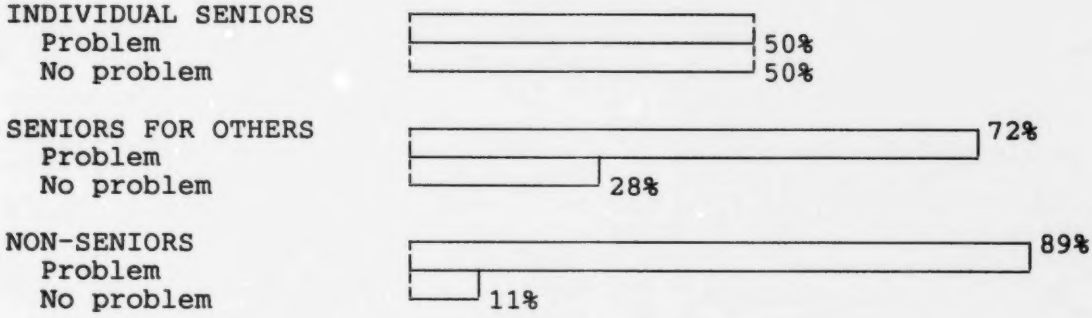
PHYSICAL HEALTH



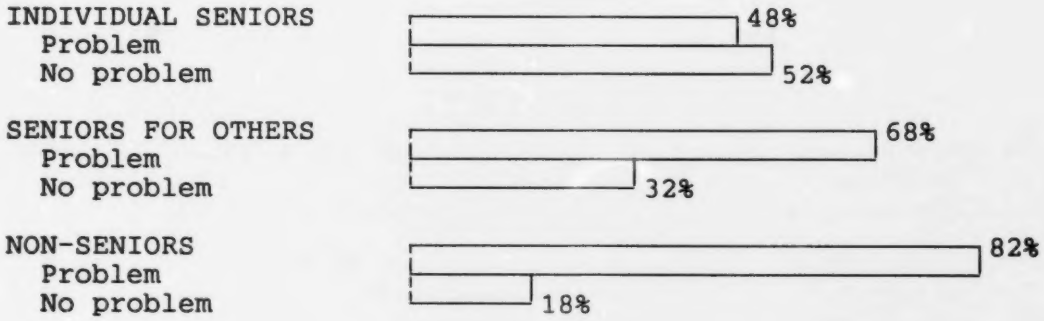
EMOTIONAL/MENTAL WELL-BEING



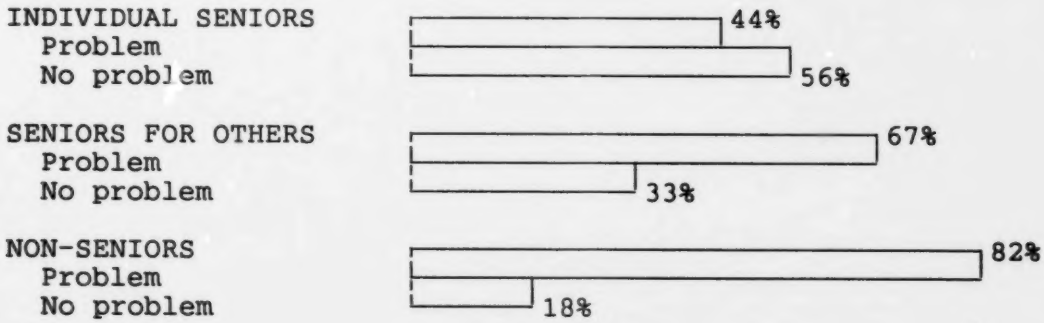
MOBILITY AND TRANSPORTATION



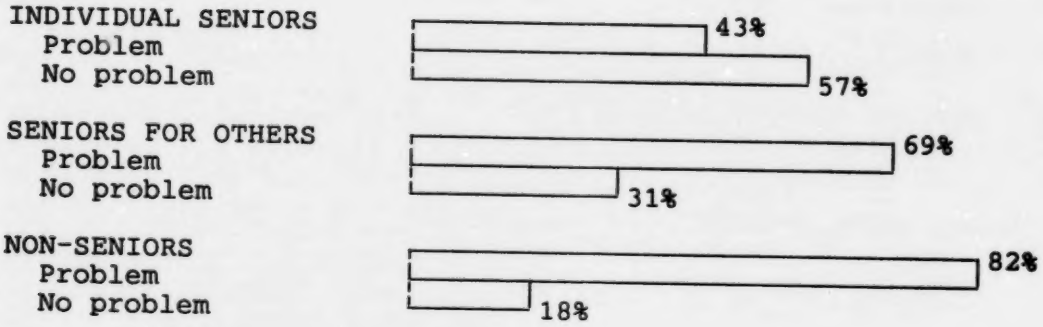
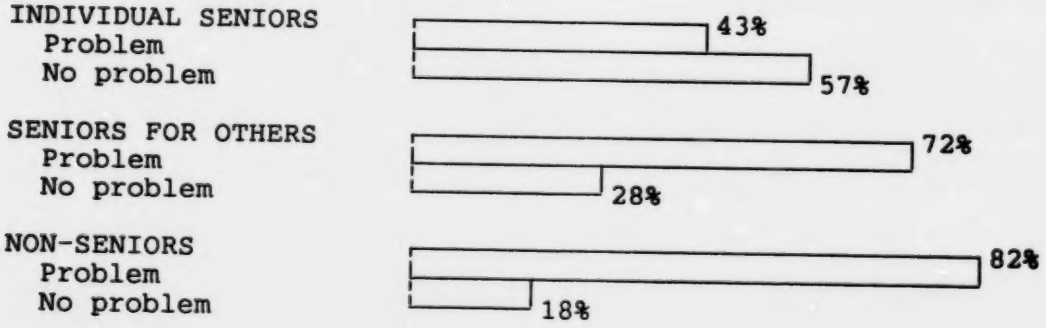
COMMUNITY-BASED SUPPORT SERVICES



SAFETY AND SECURITY



HOUSING



COMMUNICATION AND INFORMATION